Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Re-Elect Judge Ma	ynard			
Full Name of Contributor Plumbers & Pipefitters LU 189			Registration Number, if	PAC
				·
Street Address 1250 Kinnear Rd		ipation/Labor Organization tity #6220		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	0 6 2 4 1 1	Amount \$500.00
Full Name of Contributor	 		Registration Number, if	PAC
Kathy Gilliland		· 		
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
6805 Avery-Muirfield Rd Suite 103				Check
City	State	Zip Code	M D Y	Amount
Dublin	OH_	43016	062811	\$100.00
Full Name of Contributor Patricia B Mullins		:	Registration Number, if	PAC
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)
273 Olntangy Ridge Place				Check
City	State	Zip Code	M D Y	Amount
Powell	ОН	43065	0 6 2 8 1 1	\$100.00
Full Name of Contributor			Registration Number, if	PAC
Allen L Handlan				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
2354 Kensington Drive				Check
City	State	Zip Code	0 6 2 8 1 1	Amount
Columbus	ОН	43221		\$100.00
Full Name of Contributor Lawrence F Feheley			Registration Number, if I	PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
843 Old Woods Rd		•		Check
City	State	Zip Code	M D Y	Amount
West Worthington	OH	43235	0 6 2 7 1 1	\$250.00
Full Name of Contributor Vorys Sater Seymout and Pease LL	.P		Registration Number, if	PAC
Street Address	1	pation/Labor Organization		Form (Cash, Check, etc.)
52 E Gay Street P.O. Box 1008	Employer/Occu	pation Laten Organization		Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43215	0 7 1 8 1 1	\$1,000.00
Full Name of Contributor	 	<u> </u>	Registration Number, if I	PAC
Benesch, Friendlander, Coplan & A	ronoff LLP			
Street Address		pation/Labor Organization		Form (Cash, Check, etc.)
41 S High Street #2600	Employer/occu	pation/Labor Organization		Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43215	071911	\$1,000.00
Full Name of Contributor			Registration Number, if I	PAC
Kathleen L Starks				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
4240 Marland Drive	Local PAC			Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43224	0 7 1 9 1 1	\$75.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]