

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Re-Elect Judge Maynard									
Full Name of Contributor Laurel Beatty						Registration Number, if PAC			
Street Address 268 Gates St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH	Zip Code 43206		M 1	D 0	Y 2	Y 4	Amount \$100.00
Full Name of Contributor Robert Foney						Registration Number, if PAC			
Street Address 865 Brockelman Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Lancaster		State MA	Zip Code 01523		M 1	D 0	Y 2	Y 7	Amount \$100.00
Full Name of Contributor Donald Kelch						Registration Number, if PAC			
Street Address 5216 Dierker Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH	Zip Code 43220		M 1	D 1	Y 0	Y 1	Amount \$250.00
Full Name of Contributor Cecilla Carter						Registration Number, if PAC			
Street Address 2022 Taylor Ave N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Seattle		State WA	Zip Code 98109		M 1	D 1	Y 0	Y 3	Amount \$250.00
Full Name of Contributor Blaise Baker						Registration Number, if PAC			
Street Address 600 S High Street Suite 201			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Columbus		State OH	Zip Code 43215		M 1	D 1	Y 0	Y 4	Amount \$300.00
Full Name of Contributor John Jackson						Registration Number, if PAC			
Street Address 51 Liberty Ridge Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Powell		State OH	Zip Code 43065		M 1	D 1	Y 0	Y 7	Amount \$500.00
Full Name of Contributor Amy Ervin						Registration Number, if PAC			
Street Address 2979 Landen Farm Road East			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Hillard		State OH	Zip Code 43026		M 1	D 1	Y 0	Y 7	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Y	Amount
		OH							

* 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)]

Page Total **\$1,750.00**