Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

		_
Event Date	10/20/11	
Page 1		

\$275.00

Page Total \$

Name of Committee in Full Committee To Re-Elect Judge May	nard			
Full Name of Contributor	nara		Registration Number, if	PAC
Eric D Carmichael			Negistration (vultoc), II	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount
1299 Brookwood Place	Employer occupe	Employer/occupation/Labor Organization		\$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.	
Columbus	OH	43209	check	
Full Name of Contributor	<u> </u>		Registration Number, if	PAC
Shronne Williams				
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount
2581 Saugas Circle				\$20.00
City	Sta te	Zip Code	Form (Cash, Check, etc.	
Columbus	ОН	43224	check	2
Full Name of Contributor			Registration Number, if	PAC
Francine E Moore				·····
Street Address	Employer/Occupa	ation/Labor Organization*	MODO	Amount
3119 Chelford Dr			1 0 2 0 1 1	
City	State	Zip Code	Form (Cash, Check, etc.	
Columbus	ОН	43219	check	San San San And Andrews
Full Name of Contributor			Registration Number, if	PAC
John Moore			M D Y	T
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$100.00
2676 Kantian Drive		Is: a i	1 0 2 0 1 1	
City	Stalte	Zip Code	Form (Cash, Check, etc.	
Columbus	OH_	43213	cash	المنظمة المناطقة المناطقة
Full Name of Contributor Rashell Wilson			Registration Number, if	PAC
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$60.00
338 Benedetti Ave			1 0 2 0 1 1	
City	State	Zip Code	Form (Cash, Check, etc.	
Columbus	OH	43213	cash	0-
Full Name of Contributor Corey Leftridge			Registration Number, if	PAC
Street Address	Employer/Occurs	arion/Labor Organization*	M D Y	Amount
3731 Soft Win Dr	Employenoccupa	MODE DEGOT OF EMILES WORT	1 0 2 0 1 1	\$20.00
City	Stal te	Zip Code	Form (Cash, Check, etc.	والمستناسقة المراجع المراجع
Ćolumbus	. OH	43232	cash	
Full Name of Contributor	•		Registration Number, if	PAC
Street Address	Employer/Occups	Employer/Occupation/Labor Organization*		Amount
	Employ en Occupa			
City	Sta te	Zip Code	Form (Cash, Check, etc.	
	ОН			المرابع والمطابع والمرابع
47 1 1 C	#100 to statewide and Coneral Ass	cambly condidates. If contrib	tar is salf ampleyed the sec	unation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

In the date column				
Total contributions this event	Total expenditures this event.			
\$275.00	\$0.00			

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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)]