

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Re-Elect Judge Maynard					
Full Name of Contributor Eric D Carmichael				Registration Number, if PAC	
Street Address 1299 Brookwood Place		Employer/Occupation/Labor Organization*		M 1 0 2 0 1 1	D Y Amount \$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Shronne Williams				Registration Number, if PAC	
Street Address 2581 Saugas Circle		Employer/Occupation/Labor Organization*		M 1 0 2 0 1 1	D Y Amount \$20.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) check	
Full Name of Contributor Francine E Moore				Registration Number, if PAC	
Street Address 3119 Chelford Dr		Employer/Occupation/Labor Organization*		M 1 0 2 0 1 1	D Y Amount \$25.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) check	
Full Name of Contributor John Moore				Registration Number, if PAC	
Street Address 2676 Kantian Drive		Employer/Occupation/Labor Organization*		M 1 0 2 0 1 1	D Y Amount \$100.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) cash	
Full Name of Contributor Rashell Wilson				Registration Number, if PAC	
Street Address 338 Benedetti Ave		Employer/Occupation/Labor Organization*		M 1 0 2 0 1 1	D Y Amount \$60.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) cash	
Full Name of Contributor Corey Leftridge				Registration Number, if PAC	
Street Address 3731 Soft Win Dr		Employer/Occupation/Labor Organization*		M 1 0 2 0 1 1	D Y Amount \$20.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D Y Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

* 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)]

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

Total contributions this event

Total expenditures this event.

\$275.00

\$0.00

Page Total \$ 275.00