

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 Cpm Law Pac				Registration Number, if PAC OH1505	
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Aucoin Hetterscheidt & Younkin LLC				Registration Number, if PAC	
Street Address 577 S High St		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Joel R. Campbell				Registration Number, if PAC	
Street Address 575 South Third Street		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Nathan Sei Akamine				Registration Number, if PAC	
Street Address 844 S Front St		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mango Law LLC				Registration Number, if PAC	
Street Address 5649 Van Wert Dr		Employer/Occupation/Labor Organization*		M 1	D 1
City Hillard		State OH	Zip Code 43026	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Sean O Boyle				Registration Number, if PAC	
Street Address 336 South High St		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Terry L Kilgore				Registration Number, if PAC	
Street Address 3031 Birch Hollow Way		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43231	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$650.00**