

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Janelle N. Simmons				Registration Number, if PAC	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43219	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Kevin Allen				Registration Number, if PAC	
Street Address 968 Washington Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Pickerington	State O	Zip Code 43147-8193	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Rhonda P. Metoyer				Registration Number, if PAC	
Street Address 1414 Lockbourne	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Lillian R. Crawford				Registration Number, if PAC	
Street Address 3265 Rensbury Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43017-1803	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Philicia Pegram				Registration Number, if PAC	
Street Address 1139 Bernhard Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43227	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Mark Hatcher				Registration Number, if PAC	
Street Address 2147 Marfa Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43229	Form(Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Marcia Ross				Registration Number, if PAC	
Street Address 4468 Keeler Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State O	Zip Code 43227	Form(Cash, Check, etc) Cash		Amount 40.00

* 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 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

Page Total \$ 390.00