

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 Jo E. Kaiser				Registration Number, if PAC	
Street Address 2103 Scenic Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Lancaster	State O	Zip Code 43130	Amount 25.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Steven Mathless				Registration Number, if PAC	
Street Address 800 E. Broad Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43205	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Charles William McGowan				Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Kyle Hunter				Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Doug Shaw				Registration Number, if PAC	
Street Address 555 City Park	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Fraternal Order of Police				Registration Number, if PAC	
Street Address 520 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Tracy Allen Younkin				Registration Number, if PAC	
Street Address 495 S. High Street Suite 250	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 100.00	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 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 \$ 775.00