

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 Glaeden For Judge			Registration Number, if PAC	
Street Address 100 S Third St	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$400.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Steven A Larson			Registration Number, if PAC	
Street Address 283 S Third St	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Frederick D. Benton Jr			Registration Number, if PAC	
Street Address 786 S Front Street	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Haynes & Haynes			Registration Number, if PAC	
Street Address 399 E Main Street Suite 200	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor J Scott Weisman Law Offices			Registration Number, if PAC	
Street Address 601 S High Street First Floor	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Joy L Marshall			Registration Number, if PAC	
Street Address P.O. Box 91154	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Marcia L Conley			Registration Number, if PAC	
Street Address 3443 Pine Way	Employer/Occupation/Labor Organization*		M 0	D 9
City Powell	State OH	Zip Code 43065	Y 2	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 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

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Total expenditures this event.

\$0.00

Page Total \$ **\$1,225.00**