

Event Date	01-31-06
Page	1

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 Willes, Boyle, Burkholder, Bringardner				Registration Number, if PAC CP-1058	
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Michael R. Wintering				Registration Number, if PAC	
Street Address 1103 Schrock Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 3
City Columbus	State O	Zip Code 43229	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Stanley B. Dritz				Registration Number, if PAC	
Street Address 50 W. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor William Joseph Rees				Registration Number, if PAC	
Street Address 10859 Main Street	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Clarksburg	State O	Zip Code 43115	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Christina L. Corl				Registration Number, if PAC	
Street Address 5971 Olentangy River Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Worthington	State O	Zip Code 43085	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Kinsley F. Nyce				Registration Number, if PAC	
Street Address 1601 W. Fifth Avenue #112	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O	Zip Code 43212	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor David C. Young				Registration Number, if PAC	
Street Address 495 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00

* 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

1 400.00

Total expenditures this event

--

Page Total \$ 800.00