31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard								
Full Name of Contributor							**Registration Number, if PAC**	
Thomas A. Gjostein								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1414 Lake Shore Dr - Apt A								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43204-4830	10	28	05			50.00
Full Name of Contributor							**Registration Number, if PAC**	
James J. Andrioff								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5888 Taha Hill Drive								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Dublin	OH	43017	10	28	05			150.00
Full Name of Contributor							**Registration Number, if PAC**	
Mary T. Wiggins								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
43317 Crystal Lake Street								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Leesburg	VA	20176	10	28	05			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Joseph R. Landusky II								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
901 S. High Street								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43206	10	28	05			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Yvette McGee Brown								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
643 Crossing Creek S.								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Gahanna	OH	43230	10	28	05			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Brent C. Maynard								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
3105 Dunkagle Ct								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Bowie	MD	20721	10	28	05			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Marie Polite								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
984 Poppy Hills Drive								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Blackick	OH	43004	11	05	05			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Culbreath and Associates								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
90 N. Nelson Rd								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43219	11	13	05			200.00

* 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)]

Page Total $ 900.00