

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 Percy Squire				Registration Number, if PAC			
Street Address 65 E. State Street		Employer/Occupation/Labor Organization*		M 0	D 9	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash, Check, etc) Cash			
Full Name of Contributor Jerzell Pierre Louis				Registration Number, if PAC			
Street Address 6227 Beringer Drive		Employer/Occupation/Labor Organization*		M 0	D 9	Y 0	Amount 100.00
City	State O	H H	Zip Code 43026	Form(Cash, Check, etc) Cash			
Full Name of Contributor Sadie Coates				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 0	D 9	Y 0	Amount 60.00
City	State	H	Zip Code	Form(Cash, Check, etc) Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 0	D	Y	Amount 0.00
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount 0.00
City	State	H	Zip Code	Form(Cash, Check, etc)			

* 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

1 160.00

Total expenditures this event

0.00

Page Total \$ 260.00
