

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 Jon C. Szekely				Registration Number, if PAC	
Street Address 6591 Greens Way Loop	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43016	8	0	5
			Form(Cash, Check, etc) Check		
Full Name of Contributor Thomas Edwards				Registration Number, if PAC	
Street Address 8022 Croginhall Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43017	8	0	5
			Form(Cash, Check, etc) Check		
Full Name of Contributor Steve Walsh				Registration Number, if PAC	
Street Address 7302 Earlsford Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43017	8	0	5
			Form(Cash, Check, etc) Check		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
			Form(Cash, Check, etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	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

225.00

Total expenditures this event

Page Total \$ 225.00