

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 Bradley P Koffel			Registration Number, if PAC			
Street Address 1801 Watermark Drive Suite 350	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0911	Amount \$2,500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Luftman, Heck and Associates			Registration Number, if PAC			
Street Address 580 E Rich Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0911	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC			
Street Address 1441 King Avenue Suite 101	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0911	Amount \$75.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC			
Street Address 1441 King Avenue Suite 101	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0911	Amount \$75.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC			
Street Address 1441 King Avenue Suit 101	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0911	Amount \$75.00
City Coumbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor John W Bentine			Registration Number, if PAC			
Street Address 1880 Arlington Avenue	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0911	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	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 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

\$2,925.00

Total expenditures this event.

\$0.00

Page Total \$ **\$2,925.00**