Event Date	3/24/11	
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## 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 Maynar	d		
Full Name of Contributor			Registration Number, if PAC
Sam B or Frances M Weiner			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
96 Bishop Square			0 3 2 4 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43209	Check
Full Name of Contributor		,	Registration Number, if PAC
Steven Larson			
Street Address 283 S Third Street	Employer/Occupation/Labor Organization*		M D Y Amount \$100.00
City	Sta te	Zip Code	0 3 2 4 1 1 \$100.00 Form (Cash, Check, etc.)
Columbus	OH.	43215	Check
Full Name of Contributor		TOZ 13	Registration Number, if PAC
Steven Mathless			Academical Administration
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
150 E Mound Street Suite 308	Employer/Occupation/Enout Organization		0 3 2 4 1 1 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Woody Fox		<u>.</u>	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
233 N Bend Drive		121.0	0 3 2 4 1 1 \$100.00
City Pataskala	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43062	Check Registration Number, if PAC
Abe Bahgat			Registration Number, II FAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
3784 Chevington Rd		·	0 3 2 4 1 1 \$100.00
City Columbus	Sta te	Zip Code 43220	Form (Cash, Check, etc.) Check
	OH	40220	
Full Name of Contributor Thomas F Martello			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
995 S High Street			0 3 2 4 1 1 \$75.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
	ОН	43206	
Full Name of Contributor Bradley P Koffel			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1801 Watermark Drive Suite 350			0 3 2 4 1 1 \$250.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43215	Check
* Required for contributions from individuals over \$100 to	statewide and General As	sembly candidates. If contribu	tor is self-employed, the occupation and the name of

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	Total expenditures this event.		
\$0.00			
ψυ.ου	\$0.00 \		

Page Total \$ \$800.00

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 also appear. [R.C. 3517.10(B)(4)]