

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 Gallagher, Gams, Pryor, Tallan & Littrell, LLP				Registration Number, if PAC	
Street Address 471 E. Broad Street - 19th Floor		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43215-3872	Form(Cash, Check, etc) Check	
Full Name of Contributor Regina Ford				Registration Number, if PAC	
Street Address 5771 Wooden Plank Rd		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 100.00
City Hilliard		State O H	Zip Code 43026	Form(Cash, Check, etc) Check	
Full Name of Contributor John William Ferron				Registration Number, if PAC	
Street Address 6262 Deeside Drive		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 100.00
City Dublin		State O H	Zip Code 43017	Form(Cash, Check, etc) Check	
Full Name of Contributor Keener, Doucher, Curley & Patterson				Registration Number, if PAC	
Street Address 88 E. Broad Street Suite 1750		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Vorys Sater Seymour and Pearce LLP				Registration Number, if PAC #OH 108	
Street Address 52 E. Gay Street P.O. Box 1008		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43215-1008	Form(Cash, Check, etc) Check	
Full Name of Contributor Lane, Alton & Horst LLC				Registration Number, if PAC	
Street Address 175 S. Third Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43215-5100	Form(Cash, Check, etc) Check	
Full Name of Contributor Schottenstein Zox & Dunn Co LPA				Registration Number, if PAC	
Street Address 250 West Street		Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 0 5	Amount 500.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check	

* 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

Total expenditures this event

Page Total \$ 1,100.00