

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 Mitch Alter | | | | Registration Number, if PAC | |
| Street Address 500 S. Front Street | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Columbus | State O | Zip Code 43215 | Form(Cash, Check, etc) Cash | | Amount 100.00 |
| Full Name of Contributor Byron Victory | | | | Registration Number, if PAC | |
| Street Address 500 S. Front Street | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Columbus | State O | Zip Code 43215 | Form(Cash, Check, etc) Cash | | Amount 50.00 |
| Full Name of Contributor Lawrence A. Riehl | | | | Registration Number, if PAC | |
| Street Address 500 S. Front Street Suite 200 | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Columbus | State O | Zip Code 43215-7628 | Form(Cash, Check, etc) Check | | Amount 150.00 |
| Full Name of Contributor Crabbe, Brown & James | | | | Registration Number, if PAC | |
| Street Address 500 S. Front Street Suite 1200 | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Columbus | State O | Zip Code 43215 | Form(Cash, Check, etc) Check | | Amount 1,000.00 |
| Full Name of Contributor McCord & Akamine | | | | Registration Number, if PAC | |
| Street Address 844 S. Front Street | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Columbus | State O | Zip Code 43206 | Form(Cash, Check, etc) Check | | Amount 300.00 |
| Full Name of Contributor R. F. Ross Legal Services | | | | Registration Number, if PAC | |
| Street Address 338 S. High Street | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Columbus | State O | Zip Code 43215-4546 | Form(Cash, Check, etc) Check | | Amount 100.00 |
| Full Name of Contributor Alex Shumate | | | | Registration Number, if PAC | |
| Street Address 229 Deer Meadow Drive | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 1 |
| City Gahanna | State O | Zip Code 43230 | Form(Cash, Check, etc) Check | | Amount 150.00 |

* 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 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 \$ 1,850.00