## Event Date 11/2/11 Page 2

\$650.00

Page Total \$

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

N			
Name of Committee in Full  Committee To Re-Elect Judge Mayna	ard		
Full Name of Contributor		#-W-	Registration Number, if PAC
Ryan M Scott			
Street Address	Employer/Occup	ation/Labor Organization*	Mt D Y Amount
115 W Main Street, Ste II50	• • • • • • • • • • • • • • • • • • •	<i>3</i> · · · ·	1 1 0 2 1 1 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH_	43215	check
Full Name of Contributor			Registration Number, if PAC
Dennis P. Evans			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
4006 Lyon Dr			1 1 0 2 1 1 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
Full Name of Contributor Todd W. Barstow			Registration Number, if PAC
Street Address			M D Y Amount
616 Monticello Ct	Employer/Occup	ation/Labor Organization*	1 1 0 2 1 1 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	check
Full Name of Contributor			Registration Number, if PAC
Gregory N Finnery			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
6013 Round Tower Lane	' ' '	•	1 1 0 2 1 1 \$75.00
City	Sta te	Zíp Code	Form (Cash, Check, etc.)
Dublin	OH	43017	check
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Matthew A. Eldridge Att At Law			
Street Address 1426 S James Rd	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 1 0 2 1 1 \$25.00
City Columbus	Stal te OH	Zip Code 43227	Form (Cash, Check, etc.)
		10227	
Full Name of Contributor Jacqueline M Wirtz			Registration Number, if PAC
Street Address	In 1		M D Y Amount
50 W Oakland AVE APT 18	Employer/Occupation/Labor Organization*		1 1 0 2 1 1 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	Check
Full Name of Contributor			Registration Number, if PAC
Kristie A. C. Williams			
Street Address	Employer/Occup	nation/Labor Organization*	M D Y Amount
1100 Oxfordshire Dr			1  1  0  2  1  1   \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH_	43228	check
+ th	100 to atataguida and Commel As	and idetar If contribu	utor 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	\$0.00		

<sup>\*</sup> 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)]