

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 Frederick D. Benton				Registration Number, if PAC			
Street Address 786 S. Front Street Ste 204		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Richard P. Nolan				Registration Number, if PAC			
Street Address 193 Winthrop Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	100.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash, Check, etc) Check			
Full Name of Contributor Janet E. Jackson				Registration Number, if PAC			
Street Address 2865 Castlewood Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	100.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash, Check, etc) Check			
Full Name of Contributor Bradley P. Kuffel				Registration Number, if PAC			
Street Address 2050 Tremont Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	3	300.00
City Upper Arlington	State O	H H	Zip Code 43221	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	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash, Check, etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	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 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 \$ 600.00