

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 Maynard						
Full Name of Contributor Contributions \$25 or Less				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	8	2	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH		Cash			
Full Name of Contributor Marty Anderson				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3409 River Seine Street			1	0	0	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43221	Check			
Full Name of Contributor Melissa K Riggins				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
406 Shale Ridge Court			1	0	0	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Powell	OH	43065	Check			
Full Name of Contributor Law Office of A Robert Hutchins				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
750 E Long Street			1	0	1	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43203	Check			
Full Name of Contributor Barrington L Arthurs				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5718 Bixbywoods Court Apt B			1	0	1	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43232	Check			
Full Name of Contributor Claudette A Grant				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10865 Southwind Drive			1	0	1	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Powell	OH	43065	Check			
Full Name of Contributor Mccullough Williams III				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6171 Lynanne Court			1	0	1	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43231	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 also 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

\$1,675.00

Total expenditures this event.

\$0.00

Page Total \$ 775.00