AMEXOLD

Event Date	3/24/11
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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	Registration Number, if PAC		
Sam B Weiner			
Street Address 96 Bishop Square	Employer/Occup	ation/Labor Organization*	0 3 2 4 1 1 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Steven Larson			
Street Address 283 S Third Street	Employer/Occup	ation/Labor Organization*	0 3 2 4 1 1 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Steven Mathless			Registration Number, if PAC
Street Address	Employer/Occup.	ation/Labor Organization*	M D Y Amount
150 E Mound Street Suite 308			0 3 2 4 1 1 \$75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor		•	Registration Number, if PAC
Woody Fox			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 3 2 4 1 1 \$100.00
233 N Bend Drive	c. l.	2: 2:1.	0 3 2 4 1 1 \$100.00 Form (Cash, Check, etc.)
City Pataskala	State OH	Zip Code 43062	check
Full Name of Contributor	ГОП	43002	Registration Number, if PAC
Abe Bahgat		1	
Street Address 3784 Chevington	Employer/Occup	ation/Labor Organization*	0 3 2 4 1 1 Amount \$100.00
City Columbus	Stal te OH	Zip Code 43220	Form (Cash, Check, etc.) check
Full Name of Contributor Thomas F Martello			Registration Number, if PAC
Street Address 995 S High Street	Employer/Occup	ation/Labor Organization*	0 3 2 4 1 1 Arnount \$75.00
City Columbus	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) check
Full Name of Contributor Bradley P Koffel	· · · · · · · · · · · · · · · · · · ·	:	Registration Number, if PAC
Street Address 1801 Watermark Drive Suite 350	Employer/Occup	ation/Labor Organization*	0 3 2 4 1 1 \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100	to statewide and General As	sembly candidates. If contrib	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		
\$0.00			
	1		

Total expenditures this event.

\$0.00

Page Total \$ \$800.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]