

AMENDED

Event Date 9/29/11

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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 Renny J Tyson				Registration Number, if PAC	
Street Address 268 S Hardin Rd	Employer/Occupation/Labor Organization*			M   D   Y   Amount 0   9   2   9   1   1   \$100.00	
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check	
Full Name of Contributor Janet Kravitz				Registration Number, if PAC	
Street Address 3610 Hythe Ct	Employer/Occupation/Labor Organization*			M   D   Y   Amount 0   9   2   9   1   1   \$100.00	
City Upper Arlington	State OH	Zip Code 43220		Form (Cash, Check, etc.) check	
Full Name of Contributor Dana Davis				Registration Number, if PAC	
Street Address 3487 E Broad Street	Employer/Occupation/Labor Organization*			M   D   Y   Amount 0   9   2   9   1   1   \$50.00	
City Columbus	State OH	Zip Code 43213		Form (Cash, Check, etc.) cash	
Full Name of Contributor Rovell Roundtree				Registration Number, if PAC	
Street Address 3487 E Broad Street	Employer/Occupation/Labor Organization*			M   D   Y   Amount 0   9   2   9   1   1   \$50.00	
City Columbus	State OH	Zip Code 43213		Form (Cash, Check, etc.) cash	
Full Name of Contributor Toure McCord				Registration Number, if PAC	
Street Address 844 S Front Street	Employer/Occupation/Labor Organization*			M   D   Y   Amount 0   9   2   9   1   1   \$200.00	
City Columbus	State OH	Zip Code 43206		Form (Cash, Check, etc.) cash	
Full Name of Contributor Wanda Cursey Shepard				Registration Number, if PAC	
Street Address 7165 Tomahawk Trail	Employer/Occupation/Labor Organization*			M   D   Y   Amount 0   9   2   9   1   1   \$25.00	
City Reynoldsburg	State OH	Zip Code 43068		Form (Cash, Check, etc.) cash	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y   Amount	
City	State OH	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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 525.00