

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 Hastie Law Offices				Registration Number, if PAC	
Street Address 1441 King Avenue		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Javier H Armengau				Registration Number, if PAC	
Street Address 857 S High Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Hastie Law Offices				Registration Number, if PAC	
Street Address 1441 King Avenue Suite 101		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Douglas A Funbhouser				Registration Number, if PAC	
Street Address 1560 Vanelm Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Tracy Allen Younkin				Registration Number, if PAC	
Street Address 495 S High Street Suite 250		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor William S Ireland				Registration Number, if PAC	
Street Address 85 Liberty Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Marvina McCord				Registration Number, if PAC	
Street Address 906 Fountain Avenue		Employer/Occupation/Labor Organization*		M 0	D 4
City Dayton		State OH	Zip Code 45908	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Cash					

* 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 \$ **\$800.00**