

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 Fred D Carmichael				Registration Number, if PAC	
Street Address 1299 Brookwood Place		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Evelyn R Robinson					
Street Address 1721 Leighton Dr		Employer/Occupation/Labor Organization*		M 1	D 1
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount \$105.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Derrick Pryor					
Street Address 69 Miami Ave #B		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43203	Y 1	Amount \$50.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
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

Total expenditures this event.

\$255.00**\$0.00**Page Total \$ **\$255.00**