Page	<u>1</u>

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee			
Committee To Elect Judge Maynard	•		
From Whom Received		Prior Amount	Amt. Incurred this Period
William Dwayne Maynard		9,070.00	2,000.00
Address			Outstanding Balance
7903 Wiltshire Court			·
City State Zip Code	Loans Received This Period		nents This Period
Dublin DH 43016	Date Amount	Date	Amount
Date Loan was originally M D Y	M D Y \$	M D Y	S
0 0 1	7 0 3 1 0 0 7 10	000	0
Registration Number, if PAC	0 7 2 0 0 7	500	
		<u> </u>	
Employer/Occupation/Labor Organization*		500	0
From Whom Received	019101/101/	Prior Amount	Amt. Incurred this Period
William Dwayne Maynard		- AVA A MARK TOOL	500.00
Address			Outstanding Balance
7903 Wiltshire Court			11,570.00
City State Zip Code	Loans Received This Period	Payı	ments This Period
Dublin DH 43016	Date Amount	Date	Amount
Date Loan was originally M D Y	M D Y \$	M D Y	\$
Incurred 1 0 1 3 0 '		500 1 0 1 7 0 7	500
Registration Number, if PAC	M D Y	M D Y	
		M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	
From Whom Received		Prior Amount	Amt. Incurred this Period
Franklin County Republican Party		2,500.00	
Address		2,500.00	Outstanding Balance
14 E Gay Street			0.00
City State Zip Code	Loans Received This Period	Payr	ments This Period
Columbus DH 43215	Date Amount	Date	Amount
Date Loan was originally M D Y	M D Y \$	M D Y	\$
Incurred 1 0 2 7 0	5	0 3 1 4 0 7	7 1000
Registration Number, if PAC	M D Y	M D Y	
		0 8 0 2 0 7	500
Employer/Occupation/Labor Organization*	M D Y	$\begin{bmatrix} M & D & Y \\ 0 & 9 & 1 & 7 & 0 & 7 \end{bmatrix}$	500
			/ = 516

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	12,070.00	
2	Total received this period \$	2,500.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	2,500.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	11,570.00	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)