

Event Date 08-09-05

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|--|---|---|-----------------------------|---|--|--------|
| Name of Committee in Full Committee To Elect Judge Maynard | | | | | | | |
| Full Name of Contributor Robert F. Krapenc | | | | Registration Number, if PAC | | | |
| Street Address 601 S. High Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 150.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash, Check, etc) Check | |
| Full Name of Contributor Kyle L. Hunter | | | | Registration Number, if PAC | | | |
| Street Address 601 S. High Street - First Floor | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 50.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash, Check, etc) Check | |
| Full Name of Contributor Julie Paek Hubler | | | | Registration Number, if PAC | | | |
| Street Address 141 E. Town Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 35.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash, Check, etc) Check | |
| Full Name of Contributor Philip L. Allen | | | | Registration Number, if PAC | | | |
| Street Address 600S. High Street Suite 201 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 35.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash, Check, etc) Check | |
| Full Name of Contributor Charles William McGowan | | | | Registration Number, if PAC | | | |
| Street Address 601 S. High Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 50.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash, Check, etc) Check | |
| Full Name of Contributor Martin C. Nobile | | | | Registration Number, if PAC | | | |
| Street Address 3278 Reed Point Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 35.00 |
| City Hilliard | | State O | H | Zip Code 43026 | | Form(Cash, Check, etc) Check | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 0.00 |
| City | | State | H | 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 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

355.00

Total expenditures this event

Page Total \$ 355.00