31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Committee To Elect Judge Maynard									
Full Name of Contributor							Registration Number, if PAC		
Columbus Sheet Metals Workers							OH 1053		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3035 Lamb Avenue								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43219	1 0	2 7	0 5			250.00	
Full Name of Contributor							Registration Number, if PAC		
Javitch, Block & Rathbone LLP							OH 125		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1300 E. Ninth Street - 14th Floor								Check	
City	State	Zip Code	M	D	Y			Amount	
Cleveland	O H	44114-1503	1 0	2 7	0 5			50.00	
Full Name of Contributor							Registration Number, if PAC		
Franklin County Republican Party									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
14 E. Gay Street								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43215	1 0	2 7	0 5			10,000.00	
Full Name of Contributor							Registration Number, if PAC		
Chester Willcox & Saxbe							OH 843		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
65 E. State Street Suite 100								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43215	1 0	3 0	0 5			500.00	
Full Name of Contributor							Registration Number, if PAC		
Franklin V. Duffu									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1454 Wakefield Court, E.								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43215	1 0	3 0	0 5			75.00	
Full Name of Contributor							Registration Number, if PAC		
Connor Behal LLP									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
501 S. High Street								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43215	1 1	0 3	0 5			350.00	
Full Name of Contributor							Registration Number, if PAC		
Edwin L. Malek									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1227 S. High Street								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43215	1 1	0 3	0 5			150.00	
Full Name of Contributor							Registration Number, if PAC		
Thomas D. Beal									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
755 S. High Street								Check	
City	State	Zip Code	M	D	Y			Amount	
Columbus	O H	43206	1 1	0 3	0 5			50.00	

* 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)]

Page Total $ 11,425.00