

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 Shad J Phipps			Registration Number, if PAC	
Street Address 4333 Reed Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Janice M Byrd			Registration Number, if PAC	
Street Address 3784 Astor Avenue	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43227	Y 2	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kinsley F Nyce			Registration Number, if PAC	
Street Address 1601 W. 5th Avenue #112	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Frederick D Benton			Registration Number, if PAC	
Street Address 786 S Front Street	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael King Fultz			Registration Number, if PAC	
Street Address 452 S. Otterbein Avenue	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43081	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lynda Z Schiff			Registration Number, if PAC	
Street Address 275 S. Columbia Avenue	Employer/Occupation/Labor Organization*		M 0	D 3
City Bexley	State OH	Zip Code 43209	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard A L Piatt			Registration Number, if PAC	
Street Address 713 S Front Street	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				

* 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 \$ **\$625.00**