

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 Contributions Less Than \$25				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			0	9	0	110.00
City	State	Zip Code	Form(Cash, Check, etc)			
			Cash			
Full Name of Contributor Frederick D. Benton, Jr.				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
786 S. Front Street Ste 204			0	9	0	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43206-1907	Check			
Full Name of Contributor Salon Lofts, LLC				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
29 E. Russell Street Suite 202			0	9	0	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43215	Check			
Full Name of Contributor Steven R. Ward				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3433 Oakcrest Road			0	9	0	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43232	Check			
Full Name of Contributor Richard C. Malone				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3558 Kickwood Road			0	9	0	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43227	Check			
Full Name of Contributor Rosanne Carmichael				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
99 N. Everett Avenue			0	9	0	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43213	Check			
Full Name of Contributor Laurel A. Beatty				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
268 E. Gates Street			0	9	0	50.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43206	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 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

Page Total \$ 510.00