

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 R William Meeks				Registration Number, if PAC	
Street Address 511 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bradley P. Koffell				Registration Number, if PAC	
Street Address 1801 Watmark Drive Suite 350	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$1,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Probst Law Office				Registration Number, if PAC	
Street Address 85 E Gay Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stanley B Dritz				Registration Number, if PAC	
Street Address 50 W Broad Street Suite 2200	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tyack, Blackmore & Liston Co				Registration Number, if PAC	
Street Address 536 S High Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy L Hiers				Registration Number, if PAC	
Street Address 2650 Eastcleft Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43221	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas J Bonasera				Registration Number, if PAC	
Street Address 1360 Marlyn Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43220	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

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Total expenditures this event.

\$0.00

Page Total \$ **\$1,550.00**