

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 Philip B. Kaufman			Registration Number, if PAC	
Street Address 341 S. Third Street Suite 300	Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 1 1	Amount \$125.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Saker Law Offices			Registration Number, if PAC	
Street Address 1374 King Avenue	Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amiee M Wagner			Registration Number, if PAC	
Street Address 239 Harbinger Drive	Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 1 1	Amount \$75.00
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) Check	
Full Name of Contributor Contributions \$25 or Less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 3 2 4 1 1	Amount \$25.00
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	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 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

\$2,475.00

Total expenditures this event.

\$0.00

Page Total \$ **\$325.00**