31-A
R.C. 3517.10

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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	
Woody Fox								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
571 S. High Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	10	22	05		250.00	
Full Name of Contributor							Registration Number, if PAC	
John Ryan Gall								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
41 S. High Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215-6150	10	22	05		100.00	
Full Name of Contributor							Registration Number, if PAC	
L. J. McCord								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
844 S. Front Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43206	10	22	05		300.00	
Full Name of Contributor							Registration Number, if PAC	
Celestine Maynard								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3701 Mayfield Rd #101							Check	
City	State	Zip Code	M	D	Y		Amount	
Cleveland Hts	OH	44121	10	22	05		200.00	
Full Name of Contributor							Registration Number, if PAC	
Nina L. Jackson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1241 Haddon Rd							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209-2926	10	22	05		50.00	
Full Name of Contributor							Registration Number, if PAC	
Alex Shumate								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
229 Deer Meadow Drive							Check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	10	22	05		100.00	
Full Name of Contributor							Registration Number, if PAC	
Koltak & Gibson, LLP								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5 E. Long Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	10	22	05		200.00	
Full Name of Contributor							Registration Number, if PAC	
Charlene Hollel / Committee For Dewey Stokes								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
750 Willow Bend Lane							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43204-1432	10	22	05		400.00	

* 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 $ 1,600.00