

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 Jessica G Fallon			Registration Number, if PAC	
Street Address 61 Oakland Park Avenue	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lois A Nobile Jr			Registration Number, if PAC	
Street Address 1009 August Glen Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kerry M Donahue			Registration Number, if PAC	
Street Address 6295 Emerald Parkway	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 1	Amount \$100.00
City Dublin	State OH	Zip Code 43216	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carol O Ray			Registration Number, if PAC	
Street Address 2030 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 3 1 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
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

\$1,950.00

Total expenditures this event.

\$0.00

Page Total \$ **\$400.00**