Event Date 3/24/11
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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 Maynar	·d			
Full Name of Contributor			Registration Number, if PAC	
Aucoin, Hetterscheidt & Younkin				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
495 S. High Street	200	7:-0-1	0 3 2 4 1 1 \$100.00	
City Columbus	OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor	011	102.10	Registration Number, if PAC	
Hastie Law Offices			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1441 King Avenue Suite 101			0 3 2 4 1 1 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43212	Check	
Full Name of Contributor SAB Law		•	Registration Number, if PAC	
Street Address	Emala ant/2	ation(Labor Organization*	M D Y Amount	
286 S. Liberty Street	Employer/Occupation/Labor Organization*		0 3 2 4 1 1 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Powell	OH	43065	Check	
Full Name of Contributor			Registration Number, if PAC	
The Owen Firm				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
5354 N High Street	Ph.	7in Code	0 3 2 4 1 1 \$150.00 Form (Cash, Check, etc.)	
City Columbus	Sta te OH	Zip Code 43214	Check	
Full Name of Contributor	1 011		Registration Number, if PAC	
Shaw & Miller				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
555 City Park Avenue			0 3 2 4 1 1 \$75.00	
City Columbus	OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor	OII.	10210	Registration Number, if PAC	
Hastie Law Offices			registiation (vinities), it FAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1441 King Avenue Suite 101			0 3 2 4 1 1 \$100.00	
Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH _.	43212	Check	
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
1441 King Avenue Suite 101			0 3 2 4 1 1 \$100.00	
City Columbus	Stalte	Zip Code 43212	Form (Cash, Check, etc.) Check	
* Required for contributions from individuals over \$100 to	OH	1		

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.	Total expenditures this event.		
\$0.00	\$0.00	#705.00		

Page Total \$

\$725.00

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 also appear. [R.C. 3517.10(B)(4)]