

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 Aucoin, Hetterscheidt & Younkin			Registration Number, if PAC	
Street Address 495 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC	
Street Address 1441 King Avenue Suite 101	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor SAB Law			Registration Number, if PAC	
Street Address 286 S. Liberty Street	Employer/Occupation/Labor Organization*		M 0	D 3
City Powell	State OH	Zip Code 43065	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor The Owen Firm			Registration Number, if PAC	
Street Address 5354 N High Street	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$150.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Shaw & Miller			Registration Number, if PAC	
Street Address 555 City Park Avenue	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$75.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC	
Street Address 1441 King Avenue Suite 101	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$100.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Hastie Law Offices			Registration Number, if PAC	
Street Address 1441 King Avenue Suite 101	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43212	Y 2	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$725.00**