31-A
R.C. 3517.10

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	
Lane, Alton & Horst							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
175 S. High Street						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215-5100	11	03	05	250.00	
Full Name of Contributor						Registration Number, if PAC	
Terry D. Van Horn						OH 125	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
P.O. Box 06408						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43206-0408	10	28	05	200.00	
Full Name of Contributor						Registration Number, if PAC	
Carlile, Patchen & Murphy LLP							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
366 E. Broad Street						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	10	28	05	500.00	
Full Name of Contributor						Registration Number, if PAC	
Jeffrey A. Berndt							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
575 S. High Street						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	10	28	05	150.00	
Full Name of Contributor						Registration Number, if PAC	
Ohio Merchants Committee							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
50 W. Broad Street						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215-3367	10	28	05	250.00	
Full Name of Contributor						Registration Number, if PAC	
Frederick T. Moses							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
19538 Carroll Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Rockbridge	O H	43149	10	28	05	100.00	
Full Name of Contributor						Registration Number, if PAC	
Garth G. Cox							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3327 Hidden Meadow Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Lewis Center	O H	43035	10	28	05	250.00	
Full Name of Contributor						Registration Number, if PAC	
David F. Beck							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1896 W. 1st Avenue						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43212	10	28	05	150.00	

* 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 $ 1,850.00