

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard					
Full Name of Contributor Koffel & Jump				Registration Number, if PAC	
Street Address 2130 Arlington Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 1,000.00
Full Name of Contributor Saia & Piatt				Registration Number, if PAC	
Street Address 713 S. Front Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Nancy K. Wonnel				Registration Number, if PAC	
Street Address 330 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor John Lloyd				Registration Number, if PAC	
Street Address 2043 Slack Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Delaware	State O	Zip Code 43068	Form(Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Dennis Day				Registration Number, if PAC	
Street Address 330 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Cash		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount 0.00

* 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)]

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

2,525.00

Total expenditures this event

Page Total \$ 1,350.00