## **Statement of Loans Received**

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Page _		_

				Prescribe	d by Sec	retary of	State 3/05		-				
Full Name of Committee  Committee To Re-Elect Ju	dge May	nard											
From Whom Received William Dwayne Maynard									1,720.00	)	Amt. Incurred this Period \$5,150.00		
Address 7903 Wiltshire Court											Outstanding Balance \$16,870.00		
City Dublin	State Zip Code OH 43016				Loans Received This Period  Date Amount				Payments This Period  Date Amount				
Date Loan was	0 3	1 0	0 7	1 0	2 3	Y 1 1	\$ \$150.00	M	D	Y	<b>S</b>		
Registration Number, if PAC	<del>.!. '</del>	, · · · · · · · · · · · · · · · · · · ·	-	1 0	2 5	1 1	\$3,000.00	M	D	l Y			
Employer/Occupation/Labor Organization	м 1 1	0 1	1 1	\$2,000.00	М	D	Y						
From Whom Received								Prior A	Amount		Amt. Incurred this Period		
Address								Outstanding Balance					
City	St ate OH	Zip Code		ı	Loan	s Receiv	ed This Period Amount		l Date	Payments '	This Period Amount		
Date Loan was	M	D	Y	M	D	Y	\$	М	D	Y	\$		
Registration Number, if PAC	i	1 !	<u> </u>	М	D	Y		M	D	Y			
Employer/Occupation/Labor Organization*					D	Y		М	D	Y			
From Whom Received	<u> </u>				<u> </u>			Prior A	Amount		Arnt. Incurred this Period		
Address								2			Outstanding Balance		
City	St ate OH	Zip Code	V-1	Losus Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	M	D	Y	М	D	Y	S	M	D	Y	\$ 		
Registration Number, if PAC	<u>, '</u>	<del>! !</del>	<del></del> -⊹——	М	D	Y		M	D	Y			
Employer/Occupation/Labor Organizati				М	D	Y		M	D	Y			
* Required for contributions from in the individual's business, if any, re- labor organization of which the en-	ther than er	mployer sh	ould be li	isted. If t	wo or m	ore emp	loyees contribute	tributor is s via payroll d	elf-employo leduction a	ed, the oc nd exceed	cupation and the name of the aggregate of \$100, the		
If a loan is forgiven, write "For Income (Form No. 31-A-2). Tra Balance to the Cover page (For	nsfer total	l of all pay	tanding l ments n	Balance nade in t	" space this per	. Trans iod to t	fer total of all lo ne Statement of	ans receive Expenditur	ed this per es (Form	riod to th No. 31-E	e Statement of Other 3). Transfer Outstanding		
Total prior amount \$\$1	1,720.00	)	<del></del>										
<sup>2</sup> Total received this period \$	\$5,150	0.00		_ (To F	orm No	. 31-A-	2)						

(To Form No. 31-B)

(To Form No. 30-A)

\$0.00

\$16,870.00

<sup>3</sup> Total payments this period \$

<sup>4</sup> Total Outstanding Balance \$\_