

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 Gerald Noel				Registration Number, if PAC			
Street Address 555 S. Third Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash, Check, etc) Cash		
Full Name of Contributor Lewis Dye				Registration Number, if PAC			
Street Address 555 S. third Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash, Check, etc) Cash		
Full Name of Contributor Rebecca Gooch				Registration Number, if PAC			
Street Address 1538 S. Champion Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State O	H	Zip Code 43205	Form(Cash, Check, etc) Cash		
Full Name of Contributor Otto Beatty				Registration Number, if PAC			
Street Address 23 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash, Check, etc) Cash		
Full Name of Contributor Kelvin Lindsey				Registration Number, if PAC #OH 108			
Street Address 2894 LaRosa Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State O	H	Zip Code 43223	Form(Cash, Check, etc) Cash		
Full Name of Contributor Dale Yurovick				Registration Number, if PAC			
Street Address 5 E. Long Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash, Check, etc) Cash		
Full Name of Contributor Jerry Watson				Registration Number, if PAC			
Street Address 3235 Oakland Hills Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	100.00
City Pickerington		State O	H	Zip Code 43147	Form(Cash, Check, etc) Cash		

* 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

Total expenditures this event

Page Total \$ 700.00