

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 G L Reece II		Registration Number, if PAC		
Street Address 7191 Keystone Ranch Court	Employer/Occupation/Labor Organization*	M 0	D 8	Y 11
City Blacklick	State OH	Zip Code 43004	Amount \$575.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amber N Hatcher		Registration Number, if PAC		
Street Address 7465 Walker Wood Blvd	Employer/Occupation/Labor Organization*	M 0	D 8	Y 11
City Lewis Centr	State OH	Zip Code 43035	Amount \$100.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bradley For Ohio		Registration Number, if PAC		
Street Address 260 N Cassady	Employer/Occupation/Labor Organization*	M 0	D 8	Y 11
City Bexley	State OH	Zip Code 43209	Amount \$1,000.00	
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eric Seabrook		Registration Number, if PAC		
Street Address 2485 Floribunda Drive	Employer/Occupation/Labor Organization*	M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43209	Amount \$80.00	
Form (Cash, Check, etc.) Cash				
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Amount	
Form (Cash, Check, etc.)				

* 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

\$1,755.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,755.00**