

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 Onda, Labuhn & Ranklin				Registration Number, if PAC	
Street Address 266 N. Fourth Street Suite 100	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Joseph E. Scott				Registration Number, if PAC	
Street Address 35 E. Livingston Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Thomas Taneff				Registration Number, if PAC	
Street Address 600 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Yavitch & Palmer Co. LPA				Registration Number, if PAC	
Street Address 511 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Amount 300.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Phillip L. Allen				Registration Number, if PAC	
Street Address 600 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43215	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Sean H. Maxfield				Registration Number, if PAC	
Street Address 825 S. Front Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43206	Amount 150.00	Form(Cash, Check, etc) Check	
Full Name of Contributor John William Ferron				Registration Number, if PAC	
Street Address 6262 Deeside Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Dublin	State O	Zip Code 43917	Amount 150.00	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 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 \$ 1,200.00