

## 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				Registration Number, if PAC		
Deborah F. Sanders						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
641 Indiana Mound Road			0	3	2	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43213	Check			
Full Name of Contributor				Registration Number, if PAC		
William J. Butler						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1062 Cassingham Road			0	3	2	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43209	Check			
Full Name of Contributor				Registration Number, if PAC		
Guy Reece						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7191 Keystone Ranch Court			0	3	2	250.00
City	State	Zip Code	Form(Cash, Check, etc)			
Blacklick	O   H	43004	Check			
Full Name of Contributor				Registration Number, if PAC		
H. Lee Thompson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
85 E. Gay Street Suite 810			0	3	2	175.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Michael McCord						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
811 Strawberry Hill Rd West			0	3	2	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43213	Check			
Full Name of Contributor				Registration Number, if PAC		
Philip T. Daniel						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8161 Flint Rd			0	3	2	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43235	Check			
Full Name of Contributor				Registration Number, if PAC		
Carl D. Smallwood						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4121 Edgehill Drive			0	3	2	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O   H	43220	Check			

\* 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 \$ 1,425.00