

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 J Scott Weisman Law Offices | | | Registration Number, if PAC | |
| Street Address 601 S. High Street First Floor | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Probst Law Office | | | Registration Number, if PAC | |
| Street Address 85 E Gay Street Suite 608 | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Jon J Saia | | | Registration Number, if PAC | |
| Street Address 713 S Front Street | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$200.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Javier H Armengau | | | Registration Number, if PAC | |
| Street Address 857 S High Street | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$200.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Jeffrey M Basnett | | | Registration Number, if PAC | |
| Street Address 282 Woodland Avenue | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$200.00 |
| City Columbus | State OH | Zip Code 43203 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor William S Ireland | | | Registration Number, if PAC | |
| Street Address 85 Liberty Street | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Greggory D Slemmer | | | Registration Number, if PAC | |
| Street Address 2614 Clairmont Court | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 1 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43220 | Form (Cash, Check, etc.) 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 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

\$1,150.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,150.00**