31-A
R.C. 3517.10

Statement of Contributions Received

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	
Michael A. Carter								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
119 Center Ct							Check	
City	State	Zip Code	M	D	Y		Amount	
Wilmington	DE	19810	09	05	05		100.00	
Full Name of Contributor							Registration Number, if PAC	
Deborah Burstion-Donbraye								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
19808 Longbrook Rd							Check	
City	State	Zip Code	M	D	Y		Amount	
Warrensville Heights	OH	44128	09	13	05		25.00	
Full Name of Contributor							Registration Number, if PAC	
Priscilla R. Tyson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
268 S. Harding Rd							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	13	05		50.00	
Full Name of Contributor							Registration Number, if PAC	
Anisa D. Bell								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1687 Gosport Place							Check	
City	State	Zip Code	M	D	Y		Amount	
New Albany	OH	43054	09	13	05		50.00	
Full Name of Contributor							Registration Number, if PAC	
Fred F. Wilkes								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2448 Perdue Avenue							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43211-2126	09	13	05		50.00	
Full Name of Contributor							Registration Number, if PAC	
A. Robert Hutchins								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
411 E. Town Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	09	22	05		200.00	
Full Name of Contributor							Registration Number, if PAC	
Eric D. Carmichael								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1299 Brookwood Place							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	22	05		200.00	
Full Name of Contributor							Registration Number, if PAC	
McCullough Williams								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6171 Lynanne Ct							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43231	09	22	05		200.00	

* 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)]

Page Total $ 875.00