

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
07 JAN 31 AM 11:09
STATE OF OHIO
BOARD OF ELECTIONS

Full Name of Committee Committee To Elect Judge Maynard						Registration Number, if PAC					
Full Name of Candidate William Dwayne Maynard											
Street Address 7903 Wiltshire Court					Office Sought Municipal Judge		District				
City Dublin					State O H		Zip Code 43016				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year X		
	July		August		September		Termination				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y			
						1	1	0	8	0	5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 2,117.58
2. Total monetary contributions (From Form No. 31-A)	\$ 2,050.00
3. Total other income (From Form No. 31-A-2)	\$ 2,570.22
4. Total funds available (sum of lines 1, 2, 3)	\$ 6,737.80
5. Total monetary expenditures (From Form No. 31-B)	\$ 5,339.32
6. Balance on hand (line 4 minus line 5)	\$ 1,398.48
7. Value of in-kind contributions received (From Form No. 31-F-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-F-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,570.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Wiley E. Bates, Jr. - Treasurer

Signature

Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution
pages 3

Expenditure
pages 2

Other
pages 5

Total
pages 10

Wiley E. Bates Jr
1/31/09

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			
Willes, Boyle, Burkholder, Bringardner			CP-1058			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
300 Spruce Street			0	1	3	200.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Michael R. Wintering						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1103 Schrock Rd			0	3	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43229	Check			
Full Name of Contributor			Registration Number, if PAC			
Stanley B. Dritz						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
50 W. Broad Street			0	1	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
William Joseph Rees						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
10859 Main Street			0	1	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Clarksburg	O H	43115	Check			
Full Name of Contributor			Registration Number, if PAC			
Christina L. Corl						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5971 Olentangy River Rd			0	1	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Worthington	O H	43085	Check			
Full Name of Contributor			Registration Number, if PAC			
Kinsley F. Nyce						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1601 W. Fifth Avenue #112			0	1	3	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43212	Check			
Full Name of Contributor			Registration Number, if PAC			
David C. Young						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
495 S. High Street			0	3	2	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43215	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

1 400.00

Total expenditures this event

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Page Total \$ 800.00

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 Frederick D. Benton			Registration Number, if PAC				
Street Address 786 S. Front Street Ste 204		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	1	3	1
				0	6	0	6
			Form(Cash,Check,etc) Check				
Full Name of Contributor Richard P. Nolan			Registration Number, if PAC				
Street Address 193 Winthrop Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43214	0	1	3	1
				0	6	0	6
			Form(Cash,Check,etc) Check				
Full Name of Contributor Janet E. Jackson			Registration Number, if PAC				
Street Address 2865 Castlewood Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43209	0	1	3	1
				0	6	0	6
			Form(Cash,Check,etc) Check				
Full Name of Contributor Bradley P. Kuffel			Registration Number, if PAC				
Street Address 2050 Tremont Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Upper Arlington		State O H	Zip Code 43221	0	1	3	1
				0	6	0	6
			Form(Cash,Check,etc) Check				
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				

* 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 \$ 600.00

Page Total \$ 600.00

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 Deidre Crockett						Registration Number, if PAC			
Street Address 1565 Taylor Corners Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State O H		Zip Code 43004		M 1 1	D 2 2	Y 0 5	Amount 100.00
Full Name of Contributor Candice J. Forman						Registration Number, if PAC			
Street Address 7949 Tipperary Ct. North			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State O H		Zip Code 43017		M 1 2	D 1 0	Y 0 5	Amount 100.00
Full Name of Contributor Anthony O. Mancuso						Registration Number, if PAC			
Street Address 135 N. Hamilton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 1 2	D 0 7	Y 0 5	Amount 50.00
Full Name of Contributor Jeremy Dadgian						Registration Number, if PAC			
Street Address 1188 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43206		M 0 2	D 0 1	Y 0 6	Amount 100.00
Full Name of Contributor Anthony O. Mancuso						Registration Number, if PAC			
Street Address 135 N. Hamilton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 0 2	D 0 3	Y 0 6	Amount 100.00
Full Name of Contributor Scott Wilson Schiff						Registration Number, if PAC			
Street Address 503 S. Front St. Ste #205			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43215		M 0 2	D 2 0	Y 0 6	Amount 100.00
Full Name of Contributor John F. Hilt						Registration Number, if PAC			
Street Address 3793 Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State O H		Zip Code 43123		M 0 2	D 2 0	Y 0 6	Amount 100.00
Full Name of Contributor Contributions From Form No. 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
						0 1	3 1	0 6	1,400.00

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard												
To Whom Paid Valpak						M	D	Y	Amount			
						0	1	1	7	0	6	1,000.00
Address P.O. Box 16868				Purpose Advertisement Material								
City Columbus		State O H		Zip Code 43215		Check Number 2025						
To Whom Paid Valpak						M	D	Y	Amount			
						0	2	1	1	0	6	1,650.00
Address P.O. Box 16868				Purpose Advertisement Material								
City Columbus		State O H		Zip Code 43215		Check Number 2026						
To Whom Paid Lionel Jones						M	D	Y	Amount			
						0	3	0	9	0	6	68.48
Address 4155 A Aston Martin Court				Purpose Fund Raiser								
City Columbus		State O H		Zip Code 43232		Check Number 2027						
To Whom Paid Chase						M	D	Y	Amount			
						0	1	3	1	0	6	10.84
Address P.O. Box 260180				Purpose Bank Fees								
City Baton Rouge		State L A		Zip Code 70826		Check Number						
To Whom Paid Chase						M	D	Y	Amount			
						0	2	2	8	0	6	10.00
Address P.O. Box 260180				Purpose Bank Fees								
City Baton Rouge		State L A		Zip Code 70826		Check Number						
To Whom Paid Chase						M	D	Y	Amount			
						0	3	3	1	0	6	10.00
Address P.O. Box 260180				Purpose Bank Fees								
City Baton Rouge		State L A		Zip Code 70826		Check Number						
To Whom Paid Chase						M	D	Y	Amount			
						0	4	2	8	0	6	10.00
Address P.O. Box 260180				Purpose Bank Fees								
City Baton Rouge		State L A		Zip Code 70826		Check Number						
To Whom Paid Chase						M	D	Y	Amount			
						0	5	3	1	0	6	10.00
Address P.O. Box 260180				Purpose Bank Fees								
City Baton Rouge		State L A		Zip Code 70826		Check Number						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard											
To Whom Paid Chase						M	D	Y	Amount		
						0	6	3	0	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 70826		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						0	7	3	1	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 70826		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						0	8	3	1	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 708206		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						0	9	2	9	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 70826		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						1	0	3	1	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 70826		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						1	1	3	1	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 70826		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						1	2	2	9	6	10.00
Address P.O. Box 260180				Purpose Bank Fees							
City Baton Rouge		State I	A	Zip Code 70826		Check Number					
To Whom Paid Chase						M	D	Y	Amount		
						1	2	2	9	6	10.00
To Whom Paid From Statement of Loans						M	D	Y	Amount		
						1	0	2	7	5	2,500.00
Address				Purpose							
City		State		Zip Code		Check Number					

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect Judge Maynard											
From Whom Received Dwayne Maynard						Prior Amount 6,500.00			Amt. Incurred this Period 370.00		
Address 7903 Wiltshire Court									Outstanding Balance 6,870.00		
City Dublin		State O H		Zip Code 43016		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
1 2 3 1 0 5					1 2 3 1 0 5						
Registration Number, if PAC						0 3 1 1 0 6			100.00		
Employer/Occupation/Labor Organization*						0 5 2 5 0 6			200.00		
From Whom Received Dwayne Maynard						Prior Amount			Amt. Incurred this Period 1,700.00		
Address 7903 Wiltshire Court									Outstanding Balance 8,570.00		
City Dublin		State O H		Zip Code 43016		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
0 7 1 4 0 6					0 7 1 4 0 6						
Registration Number, if PAC						0 7 1 4 0 6			500.00		
Employer/Occupation/Labor Organization*						0 9 1 5 0 6			1000.00		
From Whom Received Dwayne Maynard						Prior Amount			Amt. Incurred this Period 500.00		
Address 7903 Wiltshire Court									Outstanding Balance 9,070.00		
City Dublin		State O H		Zip Code 43016		Loans Received This Period			Payments This Period		
						Date			Date		
						Amount			Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
1 2 1 5 0 6					1 2 1 5 0 6						
Registration Number, if PAC											
Employer/Occupation/Labor Organization*											

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 11,500.00
- 2 Total received this period \$ 2,570.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 2,500.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,570.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee To Elect Judge Maynard																	
To Whom Owed Valpak					Prior Amount 2,650.00			Amt. Incurred this Period 0.00									
Address P.O. Box 16868					Item or Purpose for Debt Campaign Lit			Outstanding Balance 0.00									
City Columbus			State O H	Zip Code 43215		Payments Made This Period Date			Amount								
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$						
					1	2	1	5	0	5	0	1	1	7	0	6	1,000.00
Registration Number, if PAC					M	D	Y	M	D	Y	\$						
					0	2	1	1	0	6	1,650.00						
To Whom Owed Lionel Jones					Prior Amount 68.48			Amt. Incurred this Period 0.00									
Address 4155 A Aston Martin Court					Item or Purpose for Debt Fund Raiser			Outstanding Balance 0.00									
City Columbus			State O H	Zip Code 43232		Payments Made This Period Date			Amount								
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$						
					0	9	0	8	0	5	0	3	0	7	0	6	68.48
Registration Number, if PAC					M	D	Y	M	D	Y	\$						
To Whom Owed Scharfenberger Company					Prior Amount 2,386.76			Amt. Incurred this Period 0.00									
Address 2534 Commerce Blvd					Item or Purpose for Debt Yard Signs			Outstanding Balance 0.00									
City Cincinnati			State O H	Zip Code 45241		Payments Made This Period Date			Amount								
Date Debt was originally Incurred					M	D	Y	M	D	Y	\$						
					0	9	3	0	0	5	1	2	2	9	0	5	2,386.76
Registration Number, if PAC					M	D	Y	M	D	Y	\$						

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 5,105.24 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on cover page)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Committee To elect Judge Maynard							
Full Name From Form 31-C				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
						2,570.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name Chase				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
P.O. Box 260180	I N		0	1	3	1	0
City	State	Zip Code	Form(Cash,Check,etc)				0.22
Baton Rouge	L A	72826					
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.