

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
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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
	July	August	September
	Monthly	Monthly	Monthly
			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 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	\$ 1,398.48
2. Total monetary contributions (From Form No. 31-A)	\$ 0.00
3. Total other income (From Form No. 31-A-2)	\$ 2,500.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,898.48
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,620.00
6. Balance on hand (line 4 minus line 5)	\$ 1,278.48
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-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	\$ 0.00

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

01/29/2008
Date

Contribution pages 0

Expenditure pages 2

Other pages 4

Total pages 6

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect Judge Maynard									
From Whom Received William Dwayne Maynard							Prior Amount 9,070.00		Amt. Incurred this Period 2,000.00
Address 7903 Wiltshire Court									Outstanding Balance
City Dublin		State OH	Zip Code 43016		Loans Received This Period			Payments This Period	
					Date	Amount		Date	Amount
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
		0	3	1	0	0	7		1000
Registration Number, if PAC					M	D	Y		0
					0	7	2	0	0
Employer/Occupation/Labor Organization*					M	D	Y		0
					0	9	0	7	0
From Whom Received William Dwayne Maynard							Prior Amount		Amt. Incurred this Period
Address 7903 Wiltshire Court									500.00
Outstanding Balance									11,570.00
City Dublin		State OH	Zip Code 43016		Loans Received This Period			Payments This Period	
					Date	Amount		Date	Amount
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
		1	0	1	3	0	7		500
Registration Number, if PAC					M	D	Y		500
					1	0	1	7	0
Employer/Occupation/Labor Organization*					M	D	Y		500
					1	0	1	7	0
From Whom Received Franklin County Republican Party							Prior Amount 2,500.00		Amt. Incurred this Period 0.00
Address 14 E Gay Street									Outstanding Balance 0.00
City Columbus		State OH	Zip Code 43215		Loans Received This Period			Payments This Period	
					Date	Amount		Date	Amount
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	
		1	0	2	7	0	5		1000
Registration Number, if PAC					M	D	Y		500
					0	8	0	2	0
Employer/Occupation/Labor Organization*					M	D	Y		500
					0	9	1	7	0

* 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 \$ 12,070.00
- 2 Total received this period \$ 2,500.00 (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 Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee To Elect Judge Maynard													
From Whom Received Franklin County Republican Party								Prior Amount 500.00		Amt. Incurred this Period 0.00			
Address 7903 Wiltshire Court								Outstanding Balance 0.00					
City Dublin		State OH	Zip Code 43016		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
		1	0	2	7	0	5	0	3	1	0	7	500
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
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 \$ _____
- 2 Total received this period \$ _____ (To Form No. 31-A-2)
- 3 Total Payments this Period \$ _____ (also record on Form 31-B)
- 4 Total Outstanding Balance \$ _____ (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee To Elect Judge Maynard										
To Whom Paid							M	D	Y	Amount
Chase							0	1	3	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	2	2	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	3	3	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	4	3	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	5	3	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	6	2	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	7	3	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					
To Whom Paid							M	D	Y	Amount
Chase							0	8	3	10.00
Address				Purpose						
P.O.Box 260180				Bank Fees						
City			State	Zip Code	Check Number					
Baton Rouge			I	A	70826					

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	9	2	8	0	7	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			
							1	0	3	1	0	7	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			
							1	1	3	0	0	7	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			
							1	2	3	1	0	7	10.00
Address P.O.Box 260180				Purpose Bank Fees									
City Baton Rouge				State L A		Zip Code 70826		Check Number					
To Whom Paid Total Loan Payments Made From Form 31C							M	D	Y	Amount			
							1	0	2	7	0	5	2,500.00
Address				Purpose									
City				State		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
													0.00
Address				Purpose									
City				State		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
													0.00
Address				Purpose									
City				State		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
													0.00
Address				Purpose									
City				State		Zip Code		Check Number					

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard						Registration Number, if PAC		
Full Name Loan Transfer From Form 31C						Registration Number, if PAC		
Address		Type*		M	D	Y	Amount	
							2,500.00	
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)				
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.