31-E
R.C. 3517.10(B)

Event Date 02-06-2015
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full: Wesley Duffy Citizens For Kim Maggard

Full Name of Contributor	Registration Number, if PAC			
517 Beechwood Rd.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
Whitehall	Denco Inc.	02	06	15	50.
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH	43213		

Full Name of Contributor	Registration Number, if PAC			
Lori J. Elmore				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
645 Fairway Blvd	Operations Director	02	06	15	50.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH	43213		

Full Name of Contributor	Registration Number, if PAC			
Christopher R. Rodriguez				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
445 Robinwood Ave		02	06	15	50.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH	43213		

Full Name of Contributor	Registration Number, if PAC			
Charles D. Underwood				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
731 Fairway Blvd		02	06	15	200.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH	43213		

Full Name of Contributor	Registration Number, if PAC			
Amy E. Lacorte				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
712 Chesterfield Rd. Apt. A	Child Care Worker	02	06	15	50.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43213		

Full Name of Contributor	Registration Number, if PAC			
Vi Fuleeki				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
		02	06	15	20.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH	43213		

Full Name of Contributor	Registration Number, if PAC			
Judith Spader				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
5048 Link Ct.		02	06	15	20.00
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43213		

* 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

Total expenditures this event.

Page Total $ 440.00