

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Kim Maggard				Registration Number, if PAC 6220	
Full Name of Contributor Plumbers and Pipefitters L.U. 189				Form (Cash, Check, etc.) Check	
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization* Labor Organizaiton		Amount \$200.00	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43212	M 1	D 0	Y 2
Full Name of Contributor Sharon L. Hout-Lowe				Registration Number, if PAC	
Street Address 5000 Dimson Drive		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) Check	
City Whitehall	State OH <input checked="" type="checkbox"/>	Zip Code 43213	M 1	D 2	Y 0
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y

* 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)]