

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens For Kim Maggard							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Cathy Gregg		Retired		09	10	11	10.00
Street Address		City		Form (Cash, Check, etc.)			
5182 Doran		Whitehall		Cash			
State		Zip Code					
OH		43213					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Carlos Arteaga		Alliance Data		09	10	11	20.00
Street Address		City		Form (Cash, Check, etc.)			
Harbinger Circle		Whitehall		Cash			
State		Zip Code					
OH		43213					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Keeley Maggard		Alliance Data		09	10	11	10.00
Street Address		City		Form (Cash, Check, etc.)			
600 Link Rd		Whitehall		Cash			
State		Zip Code					
OH		43213					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Scott Salaman		Southwest Air		09	10	11	20.00
Street Address		City		Form (Cash, Check, etc.)			
		Chicago		Cash			
State		Zip Code					
IL							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Robert Stewart		Electrician		09	10	11	10.00
Street Address		City		Form (Cash, Check, etc.)			
Whitehall Drive		Whitehall		Cash			
State		Zip Code					
OH		43213					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Jane Maxfield				09	10	11	20.00
Street Address		City		Form (Cash, Check, etc.)			
825 S. Front St		Columbus		Cash			
State		Zip Code					
OH		43213					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Teresa Nebotier		Tax Clerk		09	10	11	25.00
Street Address		City		Form (Cash, Check, etc.)			
4242 Etna		Whitehall		Cash			
State		Zip Code					
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

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Total expenditures this event.

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Page Total \$ 115.00