

# FOR PAPER FILING ONLY

## Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Kim Maggard</b>									
To Whom Paid <b>Facebook Ads</b>						M	D	Y	Amount <b>\$65.74</b>
Address						Purpose <b>Social media advertising</b>			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number <b>Debit Card</b>
To Whom Paid <b>Tailgaters</b>						M	D	Y	Amount <b>\$130.00</b>
Address <b>4680 E. Main Street</b>						Purpose <b>appreciation food for campaign supporters and workers</b>			
City <b>Whitehall</b>						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43213</b>	Check Number <b>1151</b>
To Whom Paid <b>Facebook Ads</b>						M	D	Y	Amount <b>\$15.00</b>
Address						Purpose <b>Social media advertising</b>			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number <b>Debit Card</b>
To Whom Paid <b>PayPal</b>						M	D	Y	Amount <b>\$1.75</b>
Address						Purpose <b>fee (expense) for donation</b>			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number <b>PayPal</b>
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code	Check Number