

# FOR PAPER FILING ONLY

## Statement of Other Income

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Kim Maggard					
Full Name U.S.P.S.				Registration Number, if PAC	
Address Airport facility		Type* RE	M   D   Y 09   11   15		Amount \$30.00
City Columbus		State OH	Zip Code		Form (Cash, Check, etc.) cash
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)
Full Name				Registration Number, if PAC	
Address		Type* RE	M   D   Y		Amount
City		State OH	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, 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.

30.00

Page Total \$