

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
Steve and Katie Quineel		AEP Whitehall Schools		09	10	11	200.00
Street Address		City		Form (Cash, <u>check</u> , etc.)			
3759 Washburn St		Whitehall					
State		Zip Code					
OH		43213					
Full Name of Contributor				Registration Number, if PAC			
Mark A. Thomas							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1308 Totten Drive		City of Whitehall		09	10	11	100.00
City		State		Form (Cash, <u>check</u> , etc.)			
New Albany		OH					
Zip Code							
43054							
Full Name of Contributor				Registration Number, if PAC			
Larry and Laura Morrison							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
598 Ross Rd		Retired		09	10	11	100.00
City		State		Form (Cash, <u>check</u> , etc.)			
Whitehall		OH					
Zip Code							
43213							
Full Name of Contributor				Registration Number, if PAC			
Wesley P. Kantor							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4082 Elbern Ave		City of Whitehall		09	10	11	50.00
City		State		Form (Cash, <u>check</u> , etc.)			
Whitehall		OH					
Zip Code							
43213							
Full Name of Contributor				Registration Number, if PAC			
Mare and Karen Conison							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
958 Karl St.		Capital University		09	10	11	50.00
City		State		Form (Cash, <u>check</u> , etc.)			
Whitehall		OH					
Zip Code							
43227							
Full Name of Contributor				Registration Number, if PAC			
Jim and Marie Graham							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
644 Greenwood Rd		City of Whitehall		09	10	11	50.00
City		State		Form (Cash, <u>check</u> , etc.)			
Whitehall		OH					
Zip Code							
43213							
Full Name of Contributor				Registration Number, if PAC			
Brent and Ronda Howard							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
348 Cumberland Dr		Wallace F. Ackley / Abbott Labs		09	10	11	50.00
City		State		Form (Cash, <u>check</u> , etc.)			
Whitehall		OH					
Zip Code							
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 \$ 600.00