

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date 12-2-2012
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Name of Committee in Full			
Citizens for Lim Maggard			
Full Name of Contributor		Registration Number, if PAC	
Robert Stewart			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
510 Whitehall Drive	IBEW 683	1	2 0 2 1 2 25.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall OH 43213	OH	Check	
Full Name of Contributor		Registration Number, if PAC	
Michael + Joy Bivens			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4985 Doran Ave	Lawyer/Health Care	1	2 0 2 1 2 80.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall OH 43213	OH	Cash	
Full Name of Contributor		Registration Number, if PAC	
William R. Pollock			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
649 LINK RD	CONTROL DYE INC	1	2 0 2 1 2 75.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall OH 43213	OH		
Full Name of Contributor		Registration Number, if PAC	
Dan A. Miller			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4124 Mayflower Blvd.	City of Whitehall	1	2 0 2 1 2 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall OH 43213	OH		
Full Name of Contributor		Registration Number, if PAC	
Michael + Joy Bivens			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
Doran Ave	Attorney	1	2 0 2 1 2 80.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH	43213	
Full Name of Contributor		Registration Number, if PAC	
William R. Pollock			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
649 LINK RD	Retired	1	2 0 2 1 2 75.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH	43213	
Full Name of Contributor		Registration Number, if PAC	
Cassandra Tellier			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
685 Fairway Blvd	Capital University	1	2 0 2 1 2 25.00
City	State Zip Code	Form (Cash, Check, etc.)	
Whitehall OH 43213	OH		

* 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

Total expenditures this event.

\$

\$

305.00