

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full      |  |       |                                        |  |    |    |                                  |        |  |
|--------------------------------|--|-------|----------------------------------------|--|----|----|----------------------------------|--------|--|
| Citizens For Kim Maggard       |  |       |                                        |  |    |    |                                  |        |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Cheryl Jo Thompson             |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| 422 Maplewood                  |  |       | Federal Govt DFAS                      |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Whitehall                      |  | Oh    | 43213                                  |  | 08 | 04 | 15                               | 50.00  |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Margie Linn                    |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| 682 Bernhard                   |  |       | retired                                |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Whitehall                      |  | Oh    | 43213                                  |  | 08 | 04 | 15                               | 50.00  |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Friends of Jim Graham          |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| Greenwood Rd                   |  |       | Retired                                |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Whitehall                      |  | Oh    | 43213                                  |  | 08 | 18 | 15                               | 100.00 |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Carpenters Local Union 200 PCF |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| 1545 Alum Creek Dr             |  |       | Labor                                  |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Columbus                       |  | OH    | 43209                                  |  | 08 | 05 | 15                               | 250.00 |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Scott McComb                   |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| 1641 Oxbow Dr                  |  |       | Banking                                |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Blacklick                      |  | Oh    | 43004                                  |  | 09 | 22 | 15                               | 300.00 |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| James Lee                      |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| Doral Ave                      |  |       | Attorney                               |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Whitehall                      |  | Oh    | 43213                                  |  | 08 | 14 | 15                               | 50.00  |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Regler, Brown, Hill & Risher   |  |       |                                        |  |    |    | CP 648                           |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| 65 E. State St.                |  |       | Attorney                               |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Columbus                       |  | Oh    | 43215                                  |  | 08 | 14 | 15                               | 125.00 |  |
| Full Name of Contributor       |  |       |                                        |  |    |    | Registration Number, if PAC      |        |  |
| Sharon Soma                    |  |       |                                        |  |    |    |                                  |        |  |
| Street Address                 |  |       | Employer/Occupation/Labor Organization |  |    |    | Form (Cash, <u>Check</u> , etc.) |        |  |
| 578 Ross Rd                    |  |       | retired                                |  |    |    |                                  |        |  |
| City                           |  | State | Zip Code                               |  | M  | D  | Y                                | Amount |  |
| Whitehall                      |  | Oh    | 43213                                  |  | 06 | 06 | 15                               | 20.00  |  |

\* 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)]