

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Kim Maggard					
Full Name of Contributor Gladys Brown			Registration Number, if PAC		
Street Address 3697 Doney Street	Employer/Occupation/Labor Organization* retired	M 0	D 8	Y 0115	Amount \$25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		
Full Name of Contributor Sherry Brown			Registration Number, if PAC		
Street Address 5065 Greenwood Court	Employer/Occupation/Labor Organization* retired	M 0	D 8	Y 0115	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		
Full Name of Contributor Carl Stowell			Registration Number, if PAC		
Street Address 5120 Etna Road	Employer/Occupation/Labor Organization* retired	M 0	D 8	Y 0115	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		
Full Name of Contributor Sharon Liston			Registration Number, if PAC		
Street Address 4049 Anthony Court South	Employer/Occupation/Labor Organization* retired	M 0	D 8	Y 0115	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		
Full Name of Contributor Terry Anderson			Registration Number, if PAC		
Street Address 806 Rosemore	Employer/Occupation/Labor Organization* United Way	M 0	D 8	Y 0115	Amount \$100.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Cash		
Full Name of Contributor Michael Shannon			Registration Number, if PAC		
Street Address 5166 Etna Road	Employer/Occupation/Labor Organization* Whitehall City Attorney	M 0	D 8	Y 0115	Amount \$100.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		
Full Name of Contributor Latheresa Oliver-Harris			Registration Number, if PAC		
Street Address 888 Rosemore	Employer/Occupation/Labor Organization* retired	M 0	D 8	Y 0115	Amount \$100.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) cash		

* 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

\$ 2,425.00

Total expenditures this event.

0.00

Page Total S \$475.00