

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|--------------------|--|--|---------------|-----------------------------|--|-----------------------------|--|
| Name of Committee in Full Citizens for Kim Maggard | | | | | | | | | |
| Full Name of Contributor I.B.E.W. - C.O.P.E. | | | | | | Registration Number, if PAC | | | |
| Street Address 900 Seventh St. N.W. | | | Employer/Occupation/Labor Organization* Electrical Workers | | | | Form (Cash, Check, etc.) Check | | |
| City Washington | | State DC | Zip Code 20001 | | M 0 | D 1 | Y 0 | Amount \$2,500.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
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| City | | State OH | Zip Code | | M | D | Y | Amount | |

* 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)]

Page Total **\$2,500.00**