31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 8/1/15	
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Name of Committee in Full Citizens for Kim Maggard			
Full Name of Contributor		Registration Number, if PAC	
Marc Conison		Registration Number, it FAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
Karl Street	Giant Eagle	0 8 0 1 1 5 \$100.00	
City Whitehall	Stal te Zip Code OH 43227	Form (Cash, Check, etc.) Cash	
Full Name of Contributor	:	Registration Number, if PAC	
Katie Quincel			
Street Address 3759 Washburn Street	Employer/Occupation/Labor Organization* Whitehall City Schools	0 8 0 1 1 5 \$100.00	
City	State Zip Code	Form (Cash, Check, etc.)	
Whiehall Full Name of Contributor	OH 🖸 43213	check	
Van Gregg	Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
5182 Doral Avenue	City Council member-WH	0 8 0 1 1 5 \$50.00	
City	Stal te Zip Code	Form (Cash, Check, etc.)	
Whitehall	OH 🔁 43213	check	
Full Name of Contributor Erma Duffy		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
517 Beechwood Road	retired	0 8 0 1 1 5 \$100.00	
^{City} Whitehhal	Sta∤te Zip Code OH ☑ 43213	Form (Cash, Check, etc.) 43213	
Full Name of Contributor Walter Armes		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
4010 Etna Road	School board member-WH	0 8 0 1 1 5 \$50.00	
City Whitehall	Star te Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Bob Bailey		Registration Number, if PAC	
Street Address 567 Virginia Circle West	Employer/Occupation/Labor Organization* Nationwide	M D Y Amount 0 8 0 1 1 5 \$250.00	
City Whitehall	StalteZip Code	Form (Cash, Check, etc.)	
	OH 🔁 43213	Registration Number, if PAC	
Full Name of Contributor E, Scott Shaw		Registration Number, it PAC	
Street Address 432 Glen Echo Circle	Employer/Occupation/Labor Organization* Attorney	M D Y Amount 0 8 0 1 1 5 \$350.00	
City	Stal te Zip Code	Form (Cash, Check, etc.)	
Ćolumbus	OH 🔽 43213	check	

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.

\$0.00

Page Total \$ \$1,000.00

^{*} 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)]