

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Kim Maggard						
Full Name of Contributor Citizens to Elect Mike Schadek				Registration Number, if PAC		
Street Address 1537 Guilford Rd		Employer/Occupation/Labor Organization Elected official		Form (Cash, <u>Check</u> , etc.)		
City Columbus	State OH	Zip Code 43221	M 0	D 2	Y 2015	Amount 100.00
Full Name of Contributor Citizens For Bischoff				Registration Number, if PAC		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization Elected official		Form (Cash, <u>Check</u> , etc.)		
City Columbus	State OH	Zip Code 43215	M 8	D 22	Y 15	Amount 1,000.00
Full Name of Contributor IBEW PAC Voluntary Fund				Registration Number, if PAC		
Street Address 900 Seventh Street, N.W.		Employer/Occupation/Labor Organization IBEW 683		Form (Cash, <u>Check</u> , etc.)		
City Washington, D.C.	State	Zip Code 20001	M 03	D 09	Y 15	Amount 3,000.00
Full Name of Contributor Khaled M. Ballouz				Registration Number, if PAC		
Street Address 4210 E. Broad St		Employer/Occupation/Labor Organization Restaurant Owner		Form (Cash, <u>Check</u> , etc.)		
City Columbus	State OH	Zip Code 43213	M 04	D 20	Y 15	Amount 1,000.00
Full Name of Contributor Den A. Miller				Registration Number, if PAC		
Street Address 4124 Mayflower		Employer/Occupation/Labor Organization Elected official		Form (Cash, <u>Check</u> , etc.)		
City Columbus	State OH	Zip Code 43213	M 05	D 15	Y 15	Amount 250.00
Full Name of Contributor George B. Kueffman				Registration Number, if PAC		
Street Address 1658 Essex Rd		Employer/Occupation/Labor Organization Automobile Dealership		Form (Cash, <u>Check</u> , etc.)		
City Upper Arlington	State OH	Zip Code 43221	M 05	D 01	Y 15	Amount 3,000.00
Full Name of Contributor Larry R. Morrison				Registration Number, if PAC		
Street Address 598 Ross Rd.		Employer/Occupation/Labor Organization Elected Official		Form (Cash, <u>Check</u> , etc.)		
City Columbus	State OH	Zip Code 43213	M 05	D 19	Y 15	Amount 200.00
Full Name of Contributor Virginia B. Dalioia				Registration Number, if PAC		
Street Address 649 Greenwood Rd		Employer/Occupation/Labor Organization Retired		Form (Cash, <u>Check</u> , etc.)		
City Columbus	State OH	Zip Code 43213	M 05	D 21	Y 15	Amount 100.00

* 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)]