| Page | <u> </u> |
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## **Contributors in Officeholder's Employ**

Prescribed by Secretary of State 2/01

| Name of Committee in Full  Citizens for Lim Maggard  Full Name of Contributor  Jane and Sean maxfield  Street Address  96 Misty Dak Place  State Zip Code Form (Cash, Check, Dic.) |  |                                     |                 |               |            |                        |  |  |
|--|--|-------------------------------------|-----------------|---------------|------------|------------------------|--|--|
| Full Name of Contributor   | 7  |                                     |                 |               |            |                        |  |  |
| Jane and Sean maxfield   |  |                                     |                 |               | 1 17       |                        |  |  |
| Street Address  Glo MicLy Do N. Dlo a.e.   |  |                                     | $+\frac{M}{L}2$ | 0/2           | 1/2        | 200 ·                  |  |  |
| City / City  | Sta te                                   | Zip Code                            | Form (Ca        | sh, Che       | ck, etc.)  |                        |  |  |
| Gahanna  | ОН                                       | 43236                               |                 |               |            |                        |  |  |
| Full Name of Contributor  Ray Daden  Street Address  |  |                                     |                 |               |            |                        |  |  |
| Street Address   |  |                                     |                 |               | Y          | Amount                 |  |  |
| 353 Maplewood Aye  |  |                                     |                 | 120212 100.00 |            |                        |  |  |
| 353 Maplewood Aye whitehall  | Sta te                                   | Zip Code 43213                      | Form (Ca        | snyChe        | CK, D(C.)  |                        |  |  |
| Full Name of Contributor   |  |                                     |                 |               |            |                        |  |  |
| G. AAD   |  |                                     |                 | D.            | V          | A                      |  |  |
| Street Address   |  |                                     |                 | D             | Y          | Amount                 |  |  |
| City   | Sta tc                                   | Zip Code                            | Form (Ca        | ısh, Che      | ck, etc.)  |                        |  |  |
| Full Name of Contributor   |  |                                     |                 |               |            |                        |  |  |
|  |  |                                     |                 |               |            |                        |  |  |
| Street Address   |  |                                     | М               | D             | Y          | Amount                 |  |  |
| City   | Sta te                                   | Zip Code                            | Form (C         | ish, Che      | ck, etc.)  |                        |  |  |
| Full Name of Contributor   |  |                                     |                 |               |            |                        |  |  |
|  |  |                                     |                 |               |            |                        |  |  |
| Street Address   |  |                                     | M               | D             | Y          | Amount                 |  |  |
| City   | Sta te                                   | Zip Code                            | Form (Ca        | sh, Che       | ck, etc.)  |                        |  |  |
| Full Name of Contributor   |  | <u> </u>                            |                 |               |            |                        |  |  |
|  |  |                                     |                 |               |            |                        |  |  |
| Street Address   |  |                                     | M               | D             | Y          | Amount                 |  |  |
| City   | Sta te                                   | Zip Code                            | Form (C         | ish, Che      | ck, etc.)  |                        |  |  |
|  |  |                                     |                 |               |            |                        |  |  |
| The above are employees of a unit or department under the direct supervision an  | d control of                             | Kim maggard                         |                 | , who cu      | rrently ho | olds the public office |  |  |
| of Me 46. I hereby affirm that each consideration of Treasurer or Transfer total employee contributions to Form No. 31-A or 31-B, if received at a                                 | ontribution was vol<br>Deputy Treasurer) | untarily made.                      | ntributor"      |               |            |                        |  |  |
| Transfer total employee communities to reprier to. 51-16 of 51-16, it received at a  | social or iminials                       | ang event, Office Trust Name of Co. | na ioatoi       |               |            |                        |  |  |