31-A

Statement of Contributions Received

Page	<u>3</u>	

Prescribed by Secretary of State 03/05

Name of Committee in Full			·				
Citizens For Lim Me	aggard					•	
Full Name of Contributor	29400 4						
Contributions from Form.	a 1-5		Regist	tration N	unber, if	PAC	
Street Address	31 5						
	Employer/Occ	upation/Labor Organization			. -	Form (Cash, Check, etc.	
City	State	Zip Code		- I		·	
<u>.</u>		i i	М	P	*	1340.00	
Full Name of Contributor			10	l !	1 1	1300,	
Mark Malcolne		•	Kegisi	ranon Ni	mber, if I	AC	
Street Address	Employer/Occ	upation/Labor Organization		:	_	Form (Cash/Check, etc.	
Street Address 14 Culeman Road City Garnison		Arm V				. un (and and and	
City (2000:500	State // \/	12524	0/3	2 0 0	Yo	Amount 100.00	
Full Name of Contributor	1 / 7 9	1000	<u> </u>	リメロ	1/2	100.	
ar Name of Controllation				Registration Number, if PAC			
Street Address	In 1 10						
	Employer/Occa	pation/Labor Organization*			-	Form (Cash, Check, etc.)	
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						Amount	
Full Name of Contributor			Registr	ation No	nber, if P	AC	
						AC .	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code .	M	D.	Yi	Amount	
Full Name of Contributor			Registr	ation Nur	nber, if P	A.C.	
					<u></u> , n 1	ıc	
Street Address	Employer#Open	pation/Labor Organization			_	T (0) G ()	
	Limptoyer/Occil	panow Labor Organization	,			Form (Cash, Check, etc.)	
City	- Con-	12: 6 1					
	State	Zip Code	M	D.	Y	Amount	
Full Name of Contributor				1 1			
·			Kegistra	ation Num	ber, if P	AC .	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
<u> </u>	[- Organization				TOTAL (CASA, CHECK, Etc.)	
City	State	Zip Code	М	D	Yı	Amount	
Full Name of Contributor			Registes	tion Nur	ber, if PA	· · · · · ·	
					, 11 17		
Street Address	Tr. 1. 10						
	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	- Character - Char	la: a ·					
o.,,	State .	Zip Code	M	D	Y	Amount	
Call Name of Company				\prod			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Num	ber, if PA	С	
			I				
Street Address	Employer/Occup	ation/Labor Organization	-			Form (Cash, Check, etc.)	
<u></u>	1						
City	State	Zip Code	M	D	Y	Amount	
•		}					
		<u> </u>		<u> </u>		<u>· </u>	

\$2835 total

Page Total \$ 1460

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)]