

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 12-2-2012
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Name of Committee in Full					
Citizens for Kim Maggard					
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Amalee Soteriades					
Street Address	City	State	Zip Code	M	D Y Amount
245 Fairway Blvd	Whitehall	OH	43213	12	02 12 50.00
				Form (Cash, Check, etc.)	
				Ck	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Cheryl Thompson		REAS			
Street Address	City	State	Zip Code	M	D Y Amount
422 Maplewood Ave	Whitehall	OH	43213	12	02 12 50
				Form (Cash, Check, etc.)	
				Ck	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Mike & Sherry Brown		retired			
Street Address	City	State	Zip Code	M	D Y Amount
5065 Greenwood Ct	Whitehall	OH	43213	12	02 12 50
				Form (Cash, Check, etc.)	
				Ck	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Jim & Marie Graham					
Street Address	City	State	Zip Code	M	D Y Amount
644 Greenwood Rd	Colts Ohio	OH	43213	12	02 12 50.-
				Form (Cash, Check, etc.)	
				Ck	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Marc & Karen Conison					
Street Address	City	State	Zip Code	M	D Y Amount
958 Karl St.	Columbus	OH	43227	12	02 12 50-
				Form (Cash, Check, etc.)	
				Ck	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Van & Cathy Gregg					
Street Address	City	State	Zip Code	M	D Y Amount
5182 Doral Ave	Whitehall	OH	43213	12	02 12 50-
				Form (Cash, Check, etc.)	
				Ck	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Mike Adkins					
Street Address	City	State	Zip Code	M	D Y Amount
451 Ross	Whitehall	OH	43213	12	02 12 50.00
				Form (Cash, Check, etc.)	
				Ck	

* 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)]

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

\$955.00

Total expenditures this event.

\$45.00

350 \$