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Statement of Contributions Received

Prescribed by Secretary of State 3/05

W sq. iv land							
Name of Committee in Full							
Your Right To Vote		· · · · · · · · · · · · · · · · · · ·				_	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Citizens for Kim Maggard	I- 1			·			
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
600 Link Road		_	_			Check	·
City Whitehall	State O H	Zip Code 43213	M 1 0	D 1 5	1 2	.Amount	300.00
Full Name of Contributor	10,	10210		tion Num		C	000.00
Cindy S. Stewart					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k_etc.)
900 Rosemore Ave.						Check	,
City	State	Zip Code	Тм	Гр	ΙÝ	Amount	
Columbus	OH	43213	1110	1 5	1 3		200.00
Full Name of Contributor		10210		tion Numi		C	200.00
Committeee to Elect Mike Shannon					,		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chec	k. etc.)
5166 Etna Rd						Check	
City	State	Zip Code	Тм	T D	Y	Amount	
Whitehall	OH	43213	10	115	1 3		300.00
Full Name of Contributor	101	10210		tion Numi		C	500.00
Steven B. Quincel					•		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
3759 Washburn Street						Check	• ,
City	State	Zip Code	М	D	Y	Amount	
Whitehall	OIH	43213	10	115	1 3		100.00
Full Name of Contributor	1 9.1	10210		tion Num		C	100.00
Carpenters Local Union 200 PCE							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
1545 Alum Creek Dr.	' ' '	- U				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43209	1110	311	1 3		150.00
Full Name of Contributor	<u> </u>	10207	_	tion Num		C	100.00
Topical de Administration de La Company de L							
Street Address	Employer/Occupation/Labor Organization®			Form (Cash, Check, etc.)			
		_				,	
City	State	Zip Code	М	D	Y	Amount	
·	1			11			
Full Name of Contributor	<u> </u>	1.	Registra	tion Num	ber, if PA	С	
			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
City	State	Zip Code	М	D	Y	Amount	
	1			1 1		ŀ	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Form (Cash, Chec	k, etc.)		
City	State	Zip Code	М	D	Y	Amount	
	 						
7.15	 		المراء أمار			and of the	

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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	1,050.00