

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Kim Maggard					
Full Name of Contributor Dennis Roberge				Registration Number, if PAC	
Street Address 372 Cumberland		Employer/Occupation/Labor Organization* retired		M 0	D 9
City Whitehall		State OH	Zip Code 43213	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Marjorie Quincel					
Street Address 631 Collingwood Avenue				Registration Number, if PAC	
City Whitehall		Employer/Occupation/Labor Organization* retired		M 0	D 9
State OH		Zip Code 43213		Y 2	Amount \$50.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor Christopher Rodriguez					
Street Address 445 Robinwood Avenue				Registration Number, if PAC	
City Whitehall		Employer/Occupation/Labor Organization* Nationwide		M 0	D 9
State OH		Zip Code 43213		Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M	D
State OH		Zip Code		Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M	D
State OH		Zip Code		Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M	D
State OH		Zip Code		Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M	D
State OH		Zip Code		Y	Amount
				Form (Cash, Check, etc.)	

* 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

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Total expenditures this event.

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Page Total \$ 200.00