

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 09-08-2013
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Name of Committee in Full				Registration Number, if PAC			
Citizens For Kim Megard							
Full Name of Contributor Mary Friemark				Amount			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
				0	9	0	8
City		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH				90.00	
Full Name of Contributor Mark Bostic				Registration Number, if PAC			
Street Address 4185 Virginia Circle E				Amount			
City		Employer/Occupation/Labor Organization*		M	D	Y	
Whitehall				0	9	0	8
		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH	43213			75.00	
Full Name of Contributor Cathy Gregg				Registration Number, if PAC			
Street Address Doral Ave				Amount			
City		Employer/Occupation/Labor Organization*		M	D	Y	
Whitehall		Retired		0	9	0	8
		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH	43213			50.00	
Full Name of Contributor Earline Linville				Registration Number, if PAC			
Street Address 5595 Chowning Way				Amount			
City		Employer/Occupation/Labor Organization*		M	D	Y	
Columbus		Retired		0	9	0	8
		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH	43213			25.00	
Full Name of Contributor Cheryl Jo Thompson				Registration Number, if PAC			
Street Address 422 Maplewood Ave				Amount			
City		Employer/Occupation/Labor Organization*		M	D	Y	
Whitehall		DFAS Federal Govt		0	9	0	8
		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH	43213			50.00	
Full Name of Contributor Sherry Brown				Registration Number, if PAC			
Street Address 5065 Greenwood Place				Amount			
City		Employer/Occupation/Labor Organization*		M	D	Y	
Columbus		Retired		0	9	0	8
		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH	43213			50.00	
Full Name of Contributor William K Rollock				Registration Number, if PAC			
Street Address 649 Link Rd				Amount			
City		Employer/Occupation/Labor Organization*		M	D	Y	
Whitehall		Retired		0	9	0	8
		State	Zip Code	Form (Cash, <u>Check</u> , etc.)		Amount	
		OH	43213			30.00	

* 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

\$

Total expenditures this event.

310.00
\$