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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Citizens For Kim Maggar of					
				Registration Number, if PAC	
Larry R. Morrison					
Street Address / I Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
598 ROSS Rd.	State Zip Code Date (MM/DD/YYYY)				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Whitehall	0# 🖸	49213	10-2	1-2019	100.00
Full Name of Contributor	Registration Number				er, if PAC
Sharron L. Liston					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
4049 Anthony Ct. S.	<u> </u>	Retire	d		,
City		Zip Code	Date (MM/D	D/YYYY)	Amount
Whitehall	OHO	43213	10-2	4-2019	50.00
Full Name of Contributor Registration Number					er, if PAC
Judith Ann Hinekley					
Street Address Employer/Occupation/Labor Organization*					Form (Cash Check, etc.)
5101 Etna Rd	Retired				
,	State				Amount
Whitehall	OH	43213	10-2	22-2019	50.00
Full Name of Contributor Registration Number					er, if PAC
Richard Ryan					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check) etc.)	
466 Crossings Arive	Consultant				
		Zip Code	Date (MM/D	D/YYYY)	Amount
Westerville	OH	43082	11/5/	2019	200,00
Full Name of Contributor Regis				Registration Number	er, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
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^{*}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)]