

# FOR PAPER FILING ONLY

## Statement of Contributions Received

### at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 9/26/15

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Name of Committee in Full Citizens for Kim Maggard			
Full Name of Contributor Sharron Liston		Registration Number, if PAC	
Street Address 4049 Anthony Court S.	Employer/Occupation/Labor Organization* retired	M   D   Y 09   26   15	Amount \$25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check
Full Name of Contributor Robert Ochsendorf		Registration Number, if PAC	
Street Address 308 Maplewood	Employer/Occupation/Labor Organization* media promotions	M   D   Y 09   26   15	Amount \$100.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check
Full Name of Contributor Jim Flesch		Registration Number, if PAC	
Street Address 686 Westphal	Employer/Occupation/Labor Organization*	M   D   Y 09   26   15	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) check
Full Name of Contributor Barbara Blake		Registration Number, if PAC	
Street Address 698 Maplewood	Employer/Occupation/Labor Organization* Columbus City Schools	M   D   Y 09   26   15	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State OH	Zip Code	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 \$ **\$225.00**