

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page \_\_\_\_\_

Name of Committee in Full <i>Citizens For Kim Meggard</i>									
Full Name of Contributor <i>Ann Lund</i>						Registration Number, if PAC			
Street Address <i>7641 Ashworth</i>			Employer/Occupation/Labor Organization <i>City of Whitehall</i>				Form (Cash, Check, etc.)		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43235</i>		M <i>09</i>		D <i>21</i>	
						Y <i>15</i>		Amount <i>100.00</i>	
Full Name of Contributor <i>Fundraiser 02-06-2015 Form 31-E</i>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M <i>02</i>		D <i>06</i>	
						Y <i>15</i>		Amount <i>1805.00</i>	
Full Name of Contributor <i>Fundraiser 08-01-2015 Form 31-E</i>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M <i>08</i>		D <i>01</i>	
						Y <i>15</i>		Amount <i>2,425</i>	
Full Name of Contributor <i>Fundraiser 09/26/2015 Form 31-E</i>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M <i>09</i>		D <i>26</i>	
						Y <i>15</i>		Amount <i>1,085.00</i>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	

\* 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)]

Page Total \$ *5,415.00*