Event Date	8/22/10
Page 2	<u> </u>

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		Registration Number, if PAC
Nancy Garland		
Street Address	Employer/Occupation/Labor Organizati	on* M D Y Amount
4983 Meadway Drive	State of Ohio	0 8 2 2 1 0 \$53.00
City	State Zip Code	Form (Cash, Check, etc.)
New Albany	OH 43054	Check
Full Name of Contributor	. <u>.</u>	Registration Number, if PAC
Jim Graham		
Street Address	Employer/Occupation/Labor Organizati	
644 Greenwood	retired	0 8 2 2 1 0 \$100.00
City	State Zip Code	Form (Cash, Check, etc.)
Whitehall	OH 43213	Check
Full Name of Contributor		Registration Number, if PAC
Dana Russell		·
Street Address	Employer/Occupation/Labor Organization	
4202 Mayflower Blvd	retired	0 8 2 2 1 0 \$25.00
City	State Zip Code	Form (Cash, Check, etc.)
Whitehall	OH 43213	Check
Full Name of Contributor		Registration Number, if PAC
Van Gregg		
Street Address	Employer/Occupation/Labor Organization	
5182 Doral Avenue	Whitehall City Scho	
City	State Zip Code	Form (Cash, Check, etc.)
Whitehall	OH 43213	Check
Full Name of Contributor Cheryl Jo Thompson		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization	ion* M D Y Amount
422 Maplewood	Federal Governmen	
City	State Zip Code	Form (Cash, Check, etc.)
Whitehall	OH 43213	Check
Full Name of Contributor Priscilla and Dennis Roberge		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organizat	
372 Cumberland	BOE - Pris / retired	-Dennis 0 8 2 2 1 0 \$53.00
City	Sta' te Zip Code	Form (Cash, Check, etc.)
Whitehall	OH 43213	Check
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organizat	ion* M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	ОН	
	14 21 17 17 11 11 11 11	

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 eve	nt
1	
\$977.00	
1	

Total expenditures this event.

ı	
\$0.00)

^{*} 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)]