

# 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 Wayne Brown			Registration Number, if PAC	
Street Address 3981 Gale Road	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   8   0   1   1   5	Amount \$350.00
City Granville	State OH <input checked="" type="checkbox"/>	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Raymond Riley			Registration Number, if PAC	
Street Address 493 Heather Hill Road	Employer/Occupation/Labor Organization* retired		M   D   Y 0   8   0   1   1   5	Amount \$50.00
City Whitehall	State OH <input checked="" type="checkbox"/>	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Phyllis Y Jordan			Registration Number, if PAC	
Street Address 4881 Langley Avenue	Employer/Occupation/Labor Organization* retired		M   D   Y 0   8   0   1   1   5	Amount \$50.00
City Whitehall	State OH <input checked="" type="checkbox"/>	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Charles D Underwood			Registration Number, if PAC	
Street Address 731 Fairway Blvd	Employer/Occupation/Labor Organization* WH Safety Director		M   D   Y 0   8   0   1   1   5	Amount \$250.00
City Whitehall	State OH <input checked="" type="checkbox"/>	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Citizens For Bishoff			Registration Number, if PAC	
Street Address 545 E. Town Street	Employer/Occupation/Labor Organization* Ohio Representative		M   D   Y 0   8   0   1   1   5	Amount \$250.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 950.00