

# FOR PAPER FILING ONLY

Event Date 12-2-2012  
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## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Citizens for Kim Maggard</i>									
To Whom Paid <i>Postmaster - US Post Office</i>						M	D	Y	Amount
						11	20	12	45.00
Address					Purpose				
City <i>Columbus</i>				State <i>OH</i>	Zip Code		Check Number <i>1074</i>		
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City				State <i>OH</i>	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City				State <i>OH</i>	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City				State <i>OH</i>	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City				State <i>OH</i>	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City				State <i>OH</i>	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City				State <i>OH</i>	Zip Code		Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$ 45.00  
Page Total \$ 45.00