

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens For Kim Maggerd							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Lorraine Salaman		Retired		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
1575-48th Street		Boulder					
State		Zip Code					
CO		80303					
Katherine B. Woods							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
385 Cumberland Dr		Teacher		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Whitehall		OH					
State		Zip Code					
OH		43213					
Dan A. Miller							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4124 Mayflower Blvd		retired		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Whitehall		OH					
State		Zip Code					
OH		43213					
Cheryl Jo Thompson							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
422 Maplewood Ave		Federal Govt DFAS		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Whitehall		OH					
State		Zip Code					
OH		43213					
Sandra Dicocco							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
584 Hunt Valley Dr.		Port Columbus		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Reynoldsburg		OH					
State		Zip Code					
OH		43068					
Teri Renke							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4535 Norton Lane		Seamstress		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Whitehall		OH					
State		Zip Code					
OH		43213					
Dana R. Russell							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4202 Mayflower Blvd		Contracting Officer		09	10	11	25. <sup>00</sup>
Street Address		City		Form (Cash, <input checked="" type="checkbox"/> Check, etc.)			
Whitehall		OH					
State		Zip Code					
OH		43213					

\* 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

1140	<sup>00</sup>
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Total expenditures this event.

318	72
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175. <sup>00</sup>
Page Total \$