

# CONTRIBUTORS IN OFFICER/EMPLOYEE'S EMPLOY

Prescribed by Secretary of State 2/01

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Name of Committee in Full <i>Citizens For Kim Meggard</i>			
Full Name of Contributor <i>Preston F Moore</i>			
Street Address <i>10670 Sycamore Rd</i>		M   D   Y <i>09   08   13</i>	Amount <i>100</i>
City <i>Mount Vernon</i>	State <i>Oh.</i>	Zip Code <i>43050</i>	Form (Cash, <u>Check</u> , etc.)
Full Name of Contributor			
Street Address		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address		M   D   Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)

The above are employees of a unit or department under the direct supervision and control of *Kim Meggard*, who currently holds the public office

of *Mayor*. I hereby affirm that each contribution was voluntarily made.

*A. Rusty Megard* (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ *100.00*