

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CONISON FOR COUNCIL</b>							
Full Name of Contributor <b>KIM MAGGARD</b>						Registration Number, if PAC	
Street Address <b>600 LINK RD</b>		Employer/Occupation/Labor Organization <b>CITY OF WHITEHALL</b>				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WHITEHALL</b>		State <b>OH</b>	Zip Code <b>43213</b>	M <b>9</b>	D <b>2</b>	Y <b>6</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>CINDY STEWART</b>						Registration Number, if PAC	
Street Address <b>4537 NORTHBANK RD.</b>		Employer/Occupation/Labor Organization <b>CITY OF WHITEHALL</b>				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>BUCKEYE LAKE</b>		State <b>OH</b>	Zip Code <b>43008</b>	M <b>9</b>	D <b>2</b>	Y <b>6</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>STONEWALL DEMOCRATS OF CENTRAL OHIO</b>						Registration Number, if PAC	
Street Address <b>545 E. TOWN ST.</b>		Employer/Occupation/Labor Organization <b>ORGANIZATION</b>				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State <b>OH</b>	Zip Code	M	D	Y	Amount

\* 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)]

**\$300.00**  
**300.00**