## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		egennomikuskomoode				*******	04/00/04/04/04	*****	
Name of Committee in Full	.7.10	3.00	C.II.	1011	`				
Committee to re-elect Kennedy 6611 W.Broad St , Galloway , Ohio 43119									
Full Name of Contributor		Registration Number, if PAC							
Steve Kennedy	Employer/Occupation/Labor Organization*						***************************************		Form (Cash, Check, etc.)
Street Address	1								
6621 W.Broad St	<u></u>	ze¹s C	u Im D y				_	Transfer Amount	
<sup>City</sup> Galloway	Sta O	H	Zip Code 43119	0   7	2	0	0	9	2,000.00
Full Name of Contributor Registration Number, if PAC									
Steve Kennedy									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
6621 W.Broad St	Ste	∕e¹s C						Transfer	
City	Sta		Zip Code	М	D		Y	8	Amount
Galloway	0	Н	43119	0 8					302.85
Full Name of Contributor	Registration Number, if Pa							PA.	.C
Steve Kennedy									
Street Address	Employe						Form (Cash, Check, etc.)		
6621 W.Broad St	Stev	ze¹s C	u				database	Transfer	
City	Sta		Zip Code	М	D		Y	8	Amount
Galloway	0	Н	43119	$1 \mid 0$	0	5	0	9	2,000.00
Full Name of Contributor	Registration Number, if P							`PA	.C
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	Sta	ate	Zip Code	М	D		Y	- September	Amount
			A						
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	M	D		Y		Amount
Full Name of Contributor Registration Number, if P.									ıC
Street Address	Employer/Occupation/Labor Organization*							endudraviavit Mise	Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	D	,	Y		Amount
								2000000	
Full Name of Contributor Registration Number, if P								fΡA	Š.C
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	M	D	)	Y		Amount
								OCCENTRATION	
Full Name of Contributor Registration Number, if P							fΡA	NC .	
Street Address	Employe	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City	St	ate	Zip Code	М		)	Y		Amount

Page Total \$ 4,302.85

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]