

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <i>Citizens for Mrs Kantor</i>							
Full Name of Contributor <i>Wes Kantor</i>					Registration Number, if PAC		
Street Address <i>4082 Elbern Ave</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <i>Whitchell</i>	State <i>OH</i>	Zip Code <i>43213</i>	M <i></i>	D <i></i>	Y <i></i>	Amount <i>50.00</i>	
Full Name of Contributor <i>Beryl Cisco</i>					Registration Number, if PAC		
Street Address <i>4088 Elbern Ave</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <i>Whitchell</i>	State <i>OH</i>	Zip Code <i>43213</i>	M <i></i>	D <i></i>	Y <i></i>	Amount <i>100.00</i>	
Full Name of Contributor <i>Melodie Haynes</i>					Registration Number, if PAC		
Street Address <i>395 Maplewood</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <i>Whitchell</i>	State <i>OH</i>	Zip Code <i>43213</i>	M <i></i>	D <i></i>	Y <i></i>	Amount <i>150.00</i>	
Full Name of Contributor <i>Don Phillips</i>					Registration Number, if PAC		
Street Address <i>4100 Elbern</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <i>Whitchell</i>	State <i>OH</i>	Zip Code <i>43213</i>	M <i></i>	D <i></i>	Y <i></i>	Amount <i>50.00</i>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 0.00