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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			Taranta de la companya del companya de la companya del companya de la companya de				
Name of Committee in Full Citizens for Wiss Kantor							
Full Name of Contributor				Registration Number, if PAC			
Wes Kantor				numbers	200000000000000000000000000000000000000	200000000000000000000000000000000000000	
Street Address HD82 Elbern Ave	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
City 1	State	Zip Code	M	D	Y	Amount	
Whitehall		4/32/3	Dareit	tion Num	her if DA		
Full Name of Contributor			negistra	aon num	oci, ii rA		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4088 FIBERN AVE	State	Zip Code	М	D	Y	Amount	
WHITEHAN	00	43213				4100.00	
Full Name of Contributor							
Mylodie Haypes Street Address	Employer/Occup	oation/Labor Organization*	E-			Form (Cash, Check, etc.)	
395 MAPPACOOD	C+-+-	Zip Code	М	I D	Y	Amount	
City WHe7clfAN	State O M	21p Code 432/3	141			4,20.00	
Full Name of Contributor Phillips Registration Number, if PAC Phillips Form (Cash Check etc.)							
Street Address 4100 FIBELN	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City WH. 7 CHAII	State O M	Zip Code 4 3 2 1 3	М	D	Y	Amount くフ・カン	
Full Name of Contributor		1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Registra	ation Num	nber, if PA		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
			-		T ==		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		•	Registr	ation Nun	nber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ration Nun	nber, if P	AC	
					MANAGE		
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					AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
				<u>usudanasaninasa</u>		I C.)	

* 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