

Statement of Contributions Received

Prescribed by Secretary of State 03/03

Name of Contributor in Full		Registration Number, if PAC		Form (Cash, Check, etc.)	
KENT A Kids					
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 2	Y 15
			Amount 700.00		
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 2	Y 15
			Amount 400.00		
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 2	Y 15
			Amount 1768.00		
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 3	Y 15
			Amount 800.00		
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 3	Y 15
			Amount 250.00		
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 4	Y 15
			Amount 600.00		
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization				
City Cals.	State OH	Zip Code 43219	M 0	D 4	Y 15
			Amount 600.00		
Full Name of Contributor		Registration Number, if PAC		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization				
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 also appear. [R.C. 3517.10(B)(4)]