

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Event Date _____
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Name of Committee in Full									
Tom Kneeland for City Council									
Full Name of Contributor						Registration Number, if PAC			
Ma Dion									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
6965 Clindon Mews						CHECK			
City		State		Zip Code		M		D Y	
New Albany		OH		43054		09		25 03	
Amount						250.00			
Full Name of Contributor						Registration Number, if PAC			
Glen A. Dugger									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
37 W. Broad St.						CHECK			
City		State		Zip Code		M		D Y	
Columbus		OH		43215		09		16 03	
Amount						100.00			
Full Name of Contributor						Registration Number, if PAC			
Douglas Maddy									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
6300 Clark State Rd.						CHECK			
City		State		Zip Code		M		D Y	
Gahanna		OH		43230		09		18 03	
Amount						100.00			
Full Name of Contributor						Registration Number, if PAC			
Nancy E. Maddy									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
164 Misty Oak Pl.						CHECK			
City		State		Zip Code		M		D Y	
Gahanna		OH		43230		09		23 03	
Amount						100.00			
Full Name of Contributor						Registration Number, if PAC			
Adam H. Trantner									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
5507 Albany Wood Ct.						CHECK			
City		State		Zip Code		M		D Y	
New Albany		OH		43054		10		13 03	
Amount						50.00			
Full Name of Contributor						Registration Number, if PAC			
Daniel P. Rako									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
1173 Whitney Lane						CHECK			
City		State		Zip Code		M		D Y	
Westerville		OH		43081		09		23 03	
Amount						25.00			
Full Name of Contributor						Registration Number, if PAC			
Gerry N. Bird									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
P.O. Box 3274						CHECK			
City		State		Zip Code		M		D Y	
Dublin		OH		43016		10		14 03	
Amount						50.00			
Full Name of Contributor						Registration Number, if PAC			
James M. Houk									
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
6375 Riverside Dr.						CHECK			
City		State		Zip Code		M		D Y	
Dublin		OH		43017		10		14 03	
Amount						50.00			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]