

Statement of Contributions Received

Event Date

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Prescribed by Secretary of State 2/01

Name of Committee in Full Tom Kneeland for City Council							
Full Name of Contributor ✓ Kevin King						Registration Number, if PAC	
Street Address 1311 Havens Corners Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City Blacklick		State OH	Zip Code 43004		M 09	D 25	Y 03
						Amount 20.00	
Full Name of Contributor ✓ Candy Greenblott						Registration Number, if PAC	
Street Address 483 Old Mill Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City Gahanna		State OH	Zip Code 43230		M 09	D 25	Y 03
						Amount 10.00	
Full Name of Contributor ✓ Tonia Souder						Registration Number, if PAC	
Street Address 484 Old Mill Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City Gahanna		State OH	Zip Code 43230		M 09	D 25	Y 03
						Amount 10.00	
Full Name of Contributor ✓ Dorothy K. Micacchion						Registration Number, if PAC	
Street Address 1127 Riva Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City Gahanna		State OH	Zip Code 43230		M 10	D 04	Y 03
						Amount 25.00	
Full Name of Contributor Contributions from Form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M 09	D 25	Y 03
						Amount 500.00	
Full Name of Contributor ✓ Tom Sennhenn						Registration Number, if PAC	
Street Address 3520 Park Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City Grove City		State OH	Zip Code 43123		M 10	D 14	Y 03
						Amount 30.00	
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, 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.

\$595.00

Contribution Total \$1,530.00 ✓