

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR STEPHANIE KUNZE										
Full Name of Contributor Matthew D Kunze/Stephanie L. Kunze						Registration Number, if PAC				
Street Address 5994 Farmcreek Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Hilliard		State OH	Zip Code 43026		M 0	D 2	D 2	Y 3	Y 1	Amount \$100.00
Full Name of Contributor Matthew D Kunze/Stephanie L. Kunze						Registration Number, if PAC				
Street Address 5994 Farmcreek Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Hilliard		State OH	Zip Code 43026		M 0	D 2	D 2	Y 8	Y 1	Amount \$200.00
Full Name of Contributor Matthew D Kunze/Stephanie L. Kunze						Registration Number, if PAC				
Street Address 5994 Farmcreek Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
City Hilliard		State OH	Zip Code 43026		M 0	D 4	D 0	Y 1	Y 1	Amount \$100.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	D	Y	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	D	Y	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	D	Y	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	D	Y	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	D	Y	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)]

Page Total **\$400.00**