

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						Registration Number, if PAC	
Dorothy Taylor							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
140 Imperial Drive					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	20	03	30.00	
Full Name of Contributor						Registration Number, if PAC	
Frank O'Hare							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1009 Zodiac Ave.					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	
Full Name of Contributor						Registration Number, if PAC	
Ellen Murphy							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	
Full Name of Contributor						Registration Number, if PAC	
Don Cutcher							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
144 Garston					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	
Full Name of Contributor						Registration Number, if PAC	
Larry Zapp							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
160 Karney Pl.					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	
Full Name of Contributor						Registration Number, if PAC	
Sharon Cremean							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
616 Jonsol Ct.					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	
Full Name of Contributor						Registration Number, if PAC	
Yvonne Donofrio							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
818 Dark Star Ave.					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	
Full Name of Contributor						Registration Number, if PAC	
Adam Carpenter							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
946 Peppercorn Pl.					CASH		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	21	03	10.00	

* 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)]

Page Total \$ 100.00