

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full KENT 4 Kids		Registration Number, if PAC	
Full Name of Contributor BERNADINE KENNEDY KENT		Form (Cash, Check, etc.)	
Street Address 3148 OAK SPRING ST	Employer/Occupation/Labor Organization*		
City Gls.	State OH	Zip Code 43219	M D Y Amount 02 13 15 700.00
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC	
Street Address 3148 OAK SPRING ST		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*			
City Gls.	State OH	Zip Code 43219	M D Y Amount 02 19 15 400.00
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC	
Street Address 3148 OAK SPRING ST		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*			
City Gls.	State OH	Zip Code 43219	M D Y Amount 02 26 15 1768.00
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC	
Street Address 3148 OAK SPRING ST		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*			
City Gls.	State OH	Zip Code 43219	M D Y Amount 03 12 15 800.00
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC	
Street Address 3148 OAK SPRING ST		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*			
City Gls.	State OH	Zip Code 43219	M D Y Amount 03 27 15 250.00
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC	
Street Address 3148 OAK SPRING ST		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*			
City Gls.	State OH	Zip Code 43219	M D Y Amount 04 01 15 600.00
Full Name of Contributor BERNADINE KENNEDY KENT		Registration Number, if PAC	
Street Address 3148 OAK SPRING ST		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization*			
City Gls.	State OH	Zip Code 43219	M D Y Amount 04 03 15 600.00
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
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)]