

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full KNEELAND FOR COUNCIL							
Full Name of Contributor MICHAEL S. CARDER						Registration Number, if PAC	
Street Address 132 N. HIGH STREET			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	M 1	D 0	Y 3	Y 0	Amount \$250.00
Full Name of Contributor CASH						Registration Number, if PAC	
Street Address UNABLE TO IDENTIFY CONTRIBUTOR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City CASH RECEIVED IN ENVELOPE	State OH	Zip Code	M 1	D 0	Y 3	Y 0	Amount \$20.00
Full Name of Contributor CASH						Registration Number, if PAC	
Street Address UNABLE TO IDENTIFY CONTRIBUTOR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City CASH RECEIVED IN ENVELOPE	State OH	Zip Code	M 1	D 0	Y 3	Y 0	Amount \$5.00
Full Name of Contributor MINA DION						Registration Number, if PAC	
Street Address 6965 CLIVDON MEWS			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City NEW ALBANY	State OH	Zip Code 43054	M 1	D 0	Y 3	Y 0	Amount \$250.00
Full Name of Contributor E.S.						Registration Number, if PAC	
Street Address 2650 DAYTON AVENUE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City COLUMBUS	State OH	Zip Code	M 1	D 0	Y 3	Y 0	Amount \$10.00
Full Name of Contributor JENNIFER E. GIFFORD						Registration Number, if PAC	
Street Address 1222 SHAGBARK RD.			Employer/Occupation/Labor Organization* H			Form (Cash, Check, etc.)	
City GAHANNA	State OH	Zip Code 43230	M 1	D 0	Y 3	Y 0	Amount \$25.00
Full Name of Contributor DAVID W. & NANCY R. HUSTON						Registration Number, if PAC	
Street Address 14515 ROBINSON RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City PLAIN CITY	State OH	Zip Code	M 1	D 0	Y 3	Y 0	Amount \$30.00
Full Name of Contributor E. E. MADDY						Registration Number, if PAC	
Street Address 164 MISTY OAK PLACE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City GAHANNA	State OH	Zip Code 43230	M 1	D 0	Y 3	Y 0	Amount \$100.00

* 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 **\$690.00**