Page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N		***************************************		***************************************		New York Control of the Control of t			
Name of Committee in Full Committee to the close Venneday 6611 W. Broad St. Calleyyey, chic 43110									
Committee to re-elect Kennedy 6611 W.Broad St Galloway, ohio 431									
Full Name of Contributor					Registration Number, if PAC				
Steve Kennedy	T :			L					
Street Address	1	tion/Labor Organization*				Form (Cash, Check, etc.)			
6621 W.Broad St	Stev	Country Drive Thru	I			Transfer			
City	Sta	te	Zip Code	М	D	Y	Amount		
Galloway,	0	h	43119	1 0	2 7	0 9	315.17		
Full Name of Contributor Registration Number, if							С		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	Sta	te	Zip Code	М	D	Y	Amount		
ony			Esp Code						
E.U.M. and of Contributor				Dagiotro	tion Num	her if DA	C		
Full Name of Contributor Registr						egistration Number, if PAC			
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Sta	te	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registra	ition Num	ber, if PA	C		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Sta	te	Zip Code	М	D	Y	Amount		

Eull Name of Contributor				Dagietre	tion Num	her if DA	C		
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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City	Sta	ite	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PA							.C		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	Sta	te	Zip Code	М	D	Y	Amount		
	111								
Full Name of Contributor		Alexandronia de la companya de la c		Registra	ation Nun	ber, if PA	C		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization						i om (casi, check, cic.)		
○:	State Zip Code			IM ID IV					
City	Sta	ite	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PAG							AC .		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	Sta	ite	Zip Code	М	D	Y	Amount		
		***]				I.		

Page Total \$ 315.17

^{*} 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 appear. [R.C. 3517.10(B)(4)]