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R.C.	351	7.	10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Tom Kneeland						
Full Name of Contributor			Registra	tion Num	ber, if PA	С
PayPal						
Street Address	Employer/Occu	pation/Labor Organization*	•			Form (Cash, Check, etc.)
2211 N. First Street						
City	State	Zip Code	Т М	D	Y	Amount
	C A		112		1 4	0.12
San Jose	1 C	93131			ber, if PA	
Full Name of Contributor			Kegistia	tion real	ioci, ii 175	C
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			1 1	1 1		
Full Name of Contributor			Registra	tion Num	ber, il PA	С
Street Address	Employer/Occu	pation/Labor Organization		Form (Cas		
Cin.	State	Zip Code	M	D	ΙΥ	Amount
City	State	Zip Code	1 ";	lű		ranom
		<u> </u>		<u> </u>	1 17 13 1	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*	•	Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
1,	1 1	'	<u> </u>	Li		
Full Name of Contributor	<u> </u>	l	Registra	tion Num	ber, if PA	С
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount
			1 1			
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
, , , , , , , , , , , , , , , , , , ,	1 1	'	l i	Li	1 1	
Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Num	ber, if PA	С
	r_1		<u> </u>			Form (Cash, Check, etc.)
Street Address	ismpioyenOccu	pation/Labor Organization*				Tomi (Casi, Cace, etc.)
City	State	Zip Code	М	D	Y	Amount
			1 1	1 1		
Full Name of Contributor Registration Number, if P.				ber, if PA	C	
Struct Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Етрюустосси					- (, , ,
City	State	Zip Code	М	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 individuals 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)]

Page Total \$	0.12