

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin J Cavener For Trustee													
Full Name of Contributor Tim & Reanne Cavener							Registration Number, if PAC						
Street Address 6560 Worthington Galleria Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check						
City Worthington		State OH		Zip Code 43085		M 11		D 04		Y 15		Amount 200.00	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
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City		State OH		Zip Code		M		D		Y		Amount	
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City		State OH		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)]