

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Event Date \_\_\_\_\_

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Name of Committee in Full <b>Tom Kneeland for City Council</b>							
Full Name of Contributor <b>Joe Hebd</b>						Registration Number, if PAC	
Street Address <b>281 Dellfield Way</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>11</b>	D <b>02</b>	Y <b>03</b>
Full Name of Contributor						Amount <b>250.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
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Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Full Name of Contributor						Amount	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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 should be listed.

250.00