

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Wes Kantor</b>							
Full Name of Contributor <b>FOP Political Education Fund</b>					Registration Number, if PAC <b>12933</b>		
Street Address <b>6800 Schrock Hill Court</b>		Employer/Occupation/Labor Organization* <b>FOP Capital City Lodge #9</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Stephen Kantor</b>					Registration Number, if PAC		
Street Address <b>395 Maplewood Avenue</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Whitehall</b>	State <b>OH</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Beryl Cisco</b>					Registration Number, if PAC		
Street Address <b>4038 Elbern Avenue</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Whitehall</b>	State <b>OH</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Cynthia O'Beirn</b>					Registration Number, if PAC		
Street Address <b>8199 Walnut St</b>		Employer/Occupation/Labor Organization* <b>N/A</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Wes Kantor</b>					Registration Number, if PAC		
Street Address <b>4082 <del>Maplewood</del> Elbern Avenue</b>		Employer/Occupation/Labor Organization* <b>retired</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Whitehall</b>	State <b>OH</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>400.00</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	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	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	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)]