

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR STEPHEN KENNEDY FOR CAHANA COUNCIL													
Full Name of Contributor ANTHONY TROTMAN							Registration Number, if PAC						
Street Address 657 REDWOOD VALLEY DR				Employer/Occupation/Labor Organization* FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK						
City BLACKLICK		State OH		Zip Code 43004		M 11		D 07		Y 11		Amount \$100.00	
Full Name of Contributor WILLIAM J. FLAHERTY							Registration Number, if PAC						
Street Address 2081 TREMONT RD				Employer/Occupation/Labor Organization* FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OH		Zip Code 43221		M 11		D 01		Y 11		Amount \$100.00	
Full Name of Contributor KENNETH N. WILSON							Registration Number, if PAC						
Street Address 5882 GOLDSTONE CT				Employer/Occupation/Labor Organization* FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK						
City GROVE CITY		State OH		Zip Code 43123		M 11		D 02		Y 11		Amount \$50.00	
Full Name of Contributor JOHN + NANCY WILLIAMS							Registration Number, if PAC						
Street Address 5407 HAVENS CORNERS				Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK						
City GAHANNAH		State OH		Zip Code 43230		M 10		D 30		Y 11		Amount \$50.00	
Full Name of Contributor ERK JANAS							Registration Number, if PAC						
Street Address 2297 QUARRY VALLEY				Employer/Occupation/Labor Organization* FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OH		Zip Code 43204		M 10		D 31		Y 11		Amount \$75.00	
Full Name of Contributor DON L. BROWN							Registration Number, if PAC						
Street Address 3921 LYTHAN CT				Employer/Occupation/Labor Organization* FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK						
City UPPER ARLINGTON		State OH		Zip Code 43220		M 10		D 30		Y 11		Amount \$100.00	
Full Name of Contributor SUSAN GORDENOW							Registration Number, if PAC						
Street Address 2128 TALL TIMBERS				Employer/Occupation/Labor Organization* SELF			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OH		Zip Code 43228		M 11		D 01		Y 11		Amount \$100.00	
Full Name of Contributor ANTONIA CAROL							Registration Number, if PAC						
Street Address 189 S. KELLNER RD				Employer/Occupation/Labor Organization* FRANKLIN COUNTY			Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State OH		Zip Code 43209		M 11		D 04		Y 11		Amount \$100.00	

* 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)]

\$675.00