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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Kautz for Council								
ull Name of Contributor			Regist	Registration Number, if PAC				
Elizabeth Smith								
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1045 Eastchester Dr.	Vorys Sater Seymour Pease				,	Check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	O H	43230		0 0 5			100.00	
Full Name of Contributor			Regist	ration Num	iber, if PA	.C		
Jeffrey Brown								
Street Address	Employer/Occupation/Labor Organization*		•			Form (Cash, Check, etc.)		
2569 Andover Road	Smith & Hale, LLC				Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221		0 0 8			100.00	
Full Name of Contributor		Registration Number, if PAC			c			
Rebecca Shaw								
Street Address	1	nation/Labor Organization		 .		Form (Cash, Check	i, etc.)	
830 Eastchester Dr.	Afforda	Affordable Care Health Clinic			Check			
City	State	Zip Code	М	D	Y	Amount		
Gahanna	0 H	43230	1	0 1 3	1 5		100.00	
Full Name of Contributor			Regis	tration Nun	iber, if PA	.C		
			i					
Street Address	Employer/Occup	oation/Labor Organization	•			Form (Cash, Checl	c, etc.)	
City	State	Zip Code	M	D	Y	Amoust	······································	
ļ			<u> </u>	11	1 1			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Regis	tration Nun	iber, if PA	C		
			l					
Street Address	Employer/Occupation/Labor Organization* For			Form (Cash, Check	k, etc.)			
City	State	Zip Code	М	D	Y	Amount		
			1		1 1	,		
Full Name of Contributor			Regis	tration Nun	ber, if PA	C		
1								
Street Address	Employer/Occup	oation/Labor Organization	•		•	Form (Cash, Check	k, etc.)	
						1		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Regis	tration Nun	ber, if P	\C		
Street Address	Employer/Occup	pation/Labor Organization	*		• •	Form (Cash, Chec	k, etc.)	
		-						
City	State	Zip Code	M	D	Y	Amount		
				1	Li			
Full Name of Contributor		<u> </u>	Regis	tration Nun	uber, if P	C	 -	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Chec	k, etc.)	
		, and the second						
City	State	Zip Code	М	D	Y	Amount		
		'	1 1	1 1				
termined for contributions from individuals over \$100 to rea	terride and concert accomply one	lidatas. If anni-itutas in sal	Famolouad th	o populatio	n and the	name of the		

Required for commontons from individuals over \$100 to statewide and general assention candidates. It commonton is sent-employed, the occupanion and the hands 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	300.00
rage rotar a	300.00