31-A-2 R.C. 3517.10(B)

## **Statement of Other Income**

	4	
Page	<u> 1</u>	

Prescribed by Secretary of State 2/01

N 50 % 1 B #		<del></del>
Name of Committee in Full  Committee to Elect Bob Kaynes		<del></del>
Full Name		Registration Number, if PAC
Robert J. Kaynes, Jr.		
Address 47 N Stanwood Rd	Type*	M D Y Amount
City City	RE Zip C	0   1   1   9   1   4   \$4.00 Code   Form (Cash, Check, etc.)
Bexley	1 ' 1 '	209 correction
Full Name		Registration Number, if PAC
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City	Steigne Zip C	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
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City	Staire Zip C	ode Form (Cash, Check, etc.)
Full Name	1011	Registration Number, if PAC
Address	Type*	M D Y Amount
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City	Stage Zip C	Form (Cash, Check, etc.)
Full Name	I OH I	Registration Number, if PAC
Address	Type*	M D Y Amount
	RE <b></b>	
City	Stage Zip C	ode Form (Cash, Check, etc.)
Full Name	On	Registration Number, if PAC
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Address	Type*	M D Y Amount
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Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
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City	Stage Zip C	Form (Cash, Check, etc.)
Full Name	<u> </u>	Registration Number, if PAC
Address	Type*	M D Y Amount
City	State Zip C	Form (Cash, Check, etc.)
	OH	

4.00 Page Total \$

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.