Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Bob Kaynes				
Full Name of Contributor		<u> </u>		
. Robert Kaynes Jr			Registration Number, if PAC	
Street Address	Employer/Occur	pation/Labor Organization		Form /Cash Charles
47 N Stanwood Rd		TRANSPIRE TRANSPORT		Form (Cash, Check, etc. ck
City Bexley	State	Zip Code	M D Y	Amount
Full Name of Contributor	ОН	43209	07191	3 \$100.00
Mr & Mrs Leonard Carlson			Registration Number, i	f PAC
Street Address	_ 			
- 50 N Stanwood Rd	Employer/Occup	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	1615	ck
Bexley	ОН	43209	0 7 1 9 1	Amount 3 \$25.00
Full Name of Contributor			Registration Number, i	
Steven Weiler				TAC
Street Address 135 Preston Rd	Employer/Occup	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
				ck
City Bextey	State 43209	Zip Code 43209	M D Y	Amount
Full Name of Contributor	43209	43209	0 7 1 9 1 :	3 \$250.00
Mr & Mrs Mark Palmer			Registration Number, if	PAC
Street Address	Employer/Occupa	ntion/Labor Organization		Form (Cash, Check, etc.)
2836 Elm Ave				ck
Bexley	State OH	Zip Code 43209	M D Y	Amount
Full Name of Contributor	On	43209		
Harold Long			Registration Number, if	PAC
Street Address	Familia et/Occurs	tion/Labor Organization		From (Cook Charles)
2795 Columbus Ave	,, ,, ,, ,, ,, ,, ,, ,, ,, ,	END CADO OF EMIZABLE		Form (Cash, Check, etc.) ck
City	State	Zip Code	M D Y	Amount
Bexley	OH	43209	0 7 1 9 1 3	\$25.00
Full Name of Contributor Jeffrey Scheiman	-		Registration Number, if	PAC
Street Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
15 Sessions Dr				ck
City	State	Zip Code	M D Y	Amount
Bexley	ОН	43209	M D Y O 7 1 9 1 3	\$250.00
nul Name of Contributor Mr & Mrs Michael Gurevitz			Registration Number, if	PAC
treet Address	Employer/Occupat	ion/Labor Organization		Form (Cash, Check, etc.)
240 Ashbourne				ck
Diry Bexley	State	Zip Code	M D Y	Amount
ull Name of Contributor	ОН	43209	071913	\$100.00
Mr & Mrs William Bowman			Registration Number, if I	PAC
AFO N. Drovol Ave	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
450 N Drexel Ave				ck
ity ————————————————————————————————————	State OH	Zip Code	M D Y	Amount
	Ιοώ	43209	5 7 1 9 1 3	\$50.00

Page Total \$825.00

^{*} 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)]