

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Committee to Elect Bob Kaynes									
Full Name of Contributor Robert Kaynes Jr						Registration Number, if PAC			
Street Address 47 N Stanwood Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$100.00
Full Name of Contributor Mr & Mrs Leonard Carlson						Registration Number, if PAC			
Street Address 50 N Stanwood Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor Steven Weiler						Registration Number, if PAC			
Street Address 135 Preston Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$250.00
Full Name of Contributor Mr & Mrs Mark Palmer						Registration Number, if PAC			
Street Address 2836 Elm Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor Harold Long						Registration Number, if PAC			
Street Address 2795 Columbus Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor Jeffrey Scheiman						Registration Number, if PAC			
Street Address 15 Sessions Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$250.00
Full Name of Contributor Mr & Mrs Michael Gurevitz						Registration Number, if PAC			
Street Address 240 Ashbourne			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 1	Amount \$100.00
Full Name of Contributor Mr & Mrs William Bowman						Registration Number, if PAC			
Street Address 450 N Drexel Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City Bexley		State OH		Zip Code 43209		M 5	D 7	Y 1	Amount \$50.00

* 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)]

Page Total \$825.00