| Page 1 |
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Faul                                            |                                         | <del></del> _                           | <del></del>                       |                   |               |               | <u>"</u>                                |        |
|----------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------|-------------------|---------------|---------------|-----------------------------------------|--------|
| Name of Committee in Full                                            |                                         |                                         |                                   |                   |               |               |                                         |        |
| Kautz for Council Full Name of Contributor                           |                                         |                                         |                                   | In                | dian No.      | L. Jeni       |                                         |        |
|                                                                      |                                         |                                         |                                   | Registra          | tion Num      | oer, ii ra    | C                                       |        |
| Gary & Lisabeth Ramsdell Street Address                              | Employee (1)                            | ecuro-                                  | tion/Labor Organization*          |                   |               |               | Form (Cash, Check,                      | etc.)  |
| 411 Sandburr Drive                                                   | Employer/O                              | ссира                                   | non/Laooi Organization            |                   |               |               | Check                                   | eic.)  |
| City                                                                 | State                                   |                                         | Zip Code                          | Тм                | D             | Y             | Amount                                  |        |
| Gahanna                                                              |                                         | Н                                       | 43230                             | 019               | 1             |               | Allowi                                  | 20.00  |
| Full Name of Contributor                                             |                                         |                                         | 40200                             |                   | tion Num      |               | Ċ                                       | 20.00  |
| Glenn Reid                                                           |                                         |                                         |                                   | registr           |               | 001, 11 1 1 1 |                                         |        |
| Street Address                                                       | Employer/O                              | ccupa                                   | tion/Labor Organization*          | L.                |               |               | Form (Cash, Check,                      | etc.)  |
| 201 Rivers Edge Way                                                  |                                         | •                                       | Ü                                 |                   |               |               | Check                                   | ,      |
| City                                                                 | State                                   | _                                       | Zip Code                          | М                 | D             | Y             | Amount                                  |        |
| Gahanna                                                              | 01                                      | Н                                       | 43230                             | 019               | 0 9           | 1   1         |                                         | 50.00  |
| Full Name of Contributor                                             |                                         |                                         |                                   |                   | tion Num      |               | C                                       |        |
| Jeffrey Brown                                                        |                                         |                                         | •                                 |                   |               |               |                                         |        |
| Street Address                                                       | Employer/O                              | ссира                                   | tion/Labor Organization*          |                   |               |               | Form (Cash, Check,                      | etc.}  |
| 2569 Andover Road                                                    |                                         |                                         |                                   |                   |               |               | Check                                   |        |
| City                                                                 | State                                   | -                                       | Zip Code                          | М                 | D             | Y             | Amount                                  | ····   |
| Columbus                                                             | 0                                       | Н                                       | 43221                             | 1 0               | 0 6           | 1 1           |                                         | 50.00  |
| Full Name of Contributor                                             |                                         |                                         | 1-1-1-1                           | Registra          | tion Num      | ber, if PA    | iC                                      |        |
| Ray Kautz                                                            |                                         |                                         |                                   |                   |               |               |                                         |        |
| Street Address                                                       | Employer/O                              | сспра                                   | tion/Labor Organization*          |                   |               |               | Form (Cash, Check, etc.)                |        |
| 199 Regents Road                                                     | WesB                                    | Band                                    | o Bank, Banker                    |                   |               |               | Cash                                    |        |
| City                                                                 | State                                   |                                         | Zip Code                          | М                 | D             | Y             | Amount                                  |        |
| Gahanna                                                              | 0                                       | <u>H</u>                                | 43230                             |                   | 0 9           |               |                                         | 100.00 |
| Full Name of Contributor                                             |                                         |                                         |                                   | Registr           | tion Num      | ber, if PA    | c                                       |        |
| Ray Kautz                                                            |                                         |                                         |                                   |                   |               |               |                                         |        |
| Street Address                                                       | Employer/Occupation/Labor Organization* |                                         |                                   |                   |               |               | Form (Cash, Check, etc.)                |        |
| 199 Regents Road                                                     |                                         |                                         |                                   |                   |               | <del>,</del>  | Cash                                    |        |
| City                                                                 | State                                   |                                         | Zip Code                          | М                 | D             | Y             | Amount                                  | 40.50  |
| Gahanna                                                              | [0]                                     | H                                       | 43230                             | 0 8               |               | 1 1           |                                         | 10.50  |
| Full Name of Contributor                                             |                                         |                                         |                                   | Registr           | ation Num     | ber, if PA    | AC .                                    |        |
|                                                                      | Employer/Occupation/Labor Organization* |                                         |                                   |                   |               |               | Form (Cash, Check, etc.)                |        |
| Street Address                                                       | Employer/O                              | есира                                   | uion/Labor Organization           |                   |               |               | romi (Casi, Check,                      | etc.)  |
| Co.                                                                  | State                                   |                                         | Zip Code                          | М                 | D             | Y             | Amount                                  |        |
| City                                                                 | State                                   |                                         | 22p Code                          | ] '''             | ] [           | ,             | Alloun                                  |        |
| Full Name of Contributor                                             |                                         | _                                       |                                   | Registr           | tion Num      | her if PA     | C.                                      |        |
| I all Page of Completion                                             |                                         |                                         |                                   | region.           | 1,1011 1 1411 | ,             | .0                                      |        |
| Street Address                                                       | Employer/O                              | ссира                                   | ntion/Labor Organization*         |                   |               |               | Form (Cash, Check,                      | etc.)  |
|                                                                      | Zanpioyen occupanton Zaton Organization |                                         |                                   |                   |               |               | , , , , , , , , , , , , , , , , , , , , |        |
| City                                                                 | State                                   |                                         | Zip Code                          | М                 | D             | Y             | Amount                                  |        |
|                                                                      |                                         |                                         |                                   |                   |               |               |                                         |        |
| Full Name of Contributor                                             |                                         | _                                       |                                   | Registr           | ation Num     | ber, if PA    | AC .                                    | ··     |
| 1                                                                    |                                         |                                         |                                   |                   |               |               |                                         |        |
| Street Address                                                       | Employer/O                              | ocupa                                   | tion/Labor Organization*          | <del>Lacine</del> |               | •             | Form (Cash, Check,                      | etc.)  |
| 1                                                                    |                                         | , , , , , , , , , , , , , , , , , , , , |                                   |                   |               |               | <b>S</b>                                |        |
| City                                                                 | State                                   |                                         | Zip Code                          | М                 | D             | Y             | Amount                                  |        |
|                                                                      |                                         |                                         |                                   |                   |               | $\perp$ !     | <u></u>                                 |        |
| equired for contributions from individuals over \$100 to statewide a | and general assembly                    | candi                                   | lates. If contributor is self-emp | loved, the        | occupatio     | n and the     | name of the                             |        |

\* 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 appear. [R.C. 3517.10(B)(4)]

| Page Total \$ 230.50 |
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