

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

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|--|--|-------------|--|--|--|-------------------|---|---|---------|
| Name of Committee in Full Committee to Elect Bob Kaynes | | | | | | | | | |
| To Whom Paid Robert Kaynes, Jr. | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 1 | 2 | \$10.47 |
| Address 47 N Stanwood Rd | | | | Purpose Reimbursement of Campaign Expenses - Correct/Close Ckg Acct | | | | | |
| City Bexley | | State OH | | Zip Code 43209 | | Check Number 4 | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
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| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
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| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |
| Address | | | | Purpose | | | | | |
| City | | State OH | | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| | | | | | | | | | |

Page Total \$10.47