

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Bob Kaynes							
Full Name of Contributor Nancy Worswick						Registration Number, if PAC	
Street Address 19438 Paddock St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Orlando	State FL	Zip Code 32833	M 0	D 9	Y 0	Y 1	Amount \$25.00
Full Name of Contributor Dr Bruce Aldrich						Registration Number, if PAC	
Street Address 2427 Fair Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Y 3	Amount \$75.00
Full Name of Contributor David Niermeyer						Registration Number, if PAC	
Street Address 500 S Parkview Ave #203		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 1	Y 3	Amount \$15.00
Full Name of Contributor Paul Theibert						Registration Number, if PAC	
Street Address 337 S Kellner Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 1	Y 3	Amount \$25.00
Full Name of Contributor Mr & Mrs Marvin Blank						Registration Number, if PAC	
Street Address 275 N Remington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Y 6	Amount \$18.00
Full Name of Contributor Jane Mattlin						Registration Number, if PAC	
Street Address 241 S Parkview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Y 6	Amount \$100.00
Full Name of Contributor Steven Strauss						Registration Number, if PAC	
Street Address 3001 Veazey Terr NW #1332		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Washington	State DC	Zip Code 20008	M 1	D 0	Y 1	Y 2	Amount \$50.00
Full Name of Contributor Robert Kennedy III						Registration Number, if PAC	
Street Address 962 S Cassingham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Y 2	Amount \$40.00

* 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 **\$348.00**