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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		* :						
Kautz for Council Full Name of Contributor	limmlerer Comment	ion I shar Organization *	tanuint	tion View	shor if D	۸ <i>C</i>		
Full Name of Contributor Ray Kautz	Employer, Occupation, Labor Organization * WesBanco Bank, Banker			Registration Number, if PAC				
Street Address	Description of Item or Service			D	Y	Fair Market Value		
199 Regents Road	Renting Gahanna Park			0 5			60.00	
City Gahanna	1 - 1 TT	Zip Code 43230	Receive	d at Fund YES	raising E	ivent?		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Ray Kautz	WesBanco Bank, Banker			Tagenta de la constante de la				
Street Address	Description of Item or Service		М	Ð	У	Fair Market Value		
199 Regents Road	Political Yard Signs			0 6			709.63	
City	State 2	Zip Code	Receive	d at Fund	lraising F			
Gahanna	$O \mid H \mid$	43230	L	YES		√ NO		
Full Name of Contributor	Employer, Occupat	Registration Number, if PAC						
Ray Kautz	WesBanco Bank, Banker							
Street Address	Description of Item		M	D D	Y 1 1 1 1	Fair Market Value		
199 Regents Road		vspaper Ad Zip Code	1 0	1218 d at Fund	1 1		86.56	
City Gahanna	State H	43230	Receive	datrund YES	traising t	√ NO		
Full Name of Contributor		tion, Labor Organization *	Registra	tion Nun	iber, if P.			
Ray Kautz	WesBanco Bank, Banker							
Street Address	Description of Item or Service			D	Y	Fair Market Value		
199 Regents Road		ial Deposit	0 8		111		10.50	
City		Zip Code	Receive	d at Fund	Iraising E			
Gahanna	$O \mid H \mid$	43230		YES				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Ray Kautz	WesBanco Bank, Banker Description of Item or Service		М —	l D	Гу	Fair Market Value		
Street Address		nce Owed-Metcalf			1		10.50	
199 Regents Road		Zip Code		d at Fund			10.50	
Gahanna	h TH	43230		YES		√No		
Full Name of Contributor		tion, Labor Organization *	Registra	ition Nun	nber, if P	AC		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	traising I	Event?		
	1 1			YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	ition Nun	nber, if P	AC		
Street Address	Description of Item or Service		М	D I	Y	Fair Market Value		
City	State Zip Code		Received at Fundraising Event?					
Full Name of Contributor	Employer, Occupation, Labor Organization *		YES NO Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	draising i	_		
	<u> </u>		<u> </u>	YES		NO		

Page Total \$ ____877.19

^{*} 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)]