

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 Jed Morison						Registration Number, if PAC						
Street Address 2572 Brentwood Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Bexley		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$50.00
Full Name of Contributor Thomas Beck						Registration Number, if PAC						
Street Address 2253 Astor Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Bexley		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$25.00
Full Name of Contributor Dr & Mrs Stephen Shell						Registration Number, if PAC						
Street Address 2740 Fair Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Bexley		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$50.00
Full Name of Contributor Mr & Mrs Robert Lazarus						Registration Number, if PAC						
Street Address 2094 Park Hill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Columbus		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$75.00
Full Name of Contributor Mr & Mrs Michael Sapienza						Registration Number, if PAC						
Street Address 64 N Ardmore Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Bexley		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$50.00
Full Name of Contributor Mr & Mrs James Gatterdam						Registration Number, if PAC						
Street Address 2592 Stanbery Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Bexley		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$25.00
Full Name of Contributor Robert Kaynes						Registration Number, if PAC						
Street Address 2229 Taylor Park Dr #208			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 7		Y 2 3 1 3		Amount \$250.00
Full Name of Contributor Dr & Mrs Jeffrey Tilson						Registration Number, if PAC						
Street Address 2831 Dale Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck					
City Bexley		State OH		Zip Code 43209		M 0		D 7		Y 2 3 1 3		Amount \$35.00

* 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 **\$560.00**