

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 Mr & Mrs James Wasserstrom				Registration Number, if PAC		
Street Address 16 Ashbourne Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2 0 1 3	Amount \$25.00
Full Name of Contributor Mr & Mrs Lawrence Ruben				Registration Number, if PAC		
Street Address 140 S Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2 0 1 3	Amount \$100.00
Full Name of Contributor Dr Fred Abramovitz				Registration Number, if PAC		
Street Address 272 S Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2 3 1 3	Amount \$50.00
Full Name of Contributor Eileen Kaltenecker				Registration Number, if PAC		
Street Address 2640 Bryden Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2 3 1 3	Amount \$50.00
Full Name of Contributor Dr Richard Rosenthal				Registration Number, if PAC		
Street Address 2610 Sherwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2 3 1 3	Amount \$50.00
Full Name of Contributor Scott Friedman				Registration Number, if PAC		
Street Address 2301 Chantilly Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Winter Park	State FL	Zip Code 32789	M 0	D 8	Y 2 3 1 3	Amount \$250.00
Full Name of Contributor Barry Wolinetz				Registration Number, if PAC		
Street Address 2785 Powell Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 0 1 1 3	Amount \$25.00
Full Name of Contributor Mr & Mrs Jerry Thomas				Registration Number, if PAC		
Street Address 2866 Maryland Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 0 1 1 3	Amount \$25.00

* 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)]