## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full				<del></del> -		
Committee to Elect Bob Kaynes						
Full Name of Contributor	Registration Number, if PAC					
Mr & Mrs Thomas Moenter						
Street Address 88 N Stanwood Rd	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M D Y Y 0 7 1 9 1 3	Amount \$75.00		
Full Name of Contributor Registration Number, if PAC						
Robert Weiler						
Street Address 10 N High St #401	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.)		
City	State	Zip Code	M   D   Yi	Ck Amount		
Cotumbus	OH	43215	0 7 1 9 1 3	\$100.00		
Full Name of Contributor Registration Number, if PAC Mrs J Jacobs						
Street Address 2641 Bryden Rd	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City Bexley	State OH	Zip Code 43209	M D Y 0 1 3	Amount \$25.00		
Full Name of Contributor	1 011	1000	1 1 1 1 1			
Full Name of Contributor Registration Number, if PAC  Mr & Mrs Bradley Kopp						
Street Address 2678 Ruhl	Employer/Occupa	tion/Labor Organization	•	Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M D Yi	Amount \$40.00		
Full Name of Contributor		l	Registration Number, if Pa	AC		
Dr & Mrs Bradley Blair						
Street Address 117 N Ardmore Rd	Employer/Occupa	tion/Labor Organization		Form (Cash, Check, etc.) ck		
City	State	Zip Code	M D Yi	Amount		
Bexley	OH.	43209	0 7 2 0 1 3	\$50.00		
Full Name of Contributor Registration Number, if PAC  Mr & Mrs Jules Garel						
Street Address	Employer/Occupa	tion/Labor Organization	<u>.</u>	Form (Cash, Check, etc.)		
12 Lyonsgate	ļ,,			ck		
City Bexley	State OH	Zip Code 43209	M D Y 0 7 2 2 1 3	Amount \$100.00		
Full Name of Contributor	1 0	<u> </u>	Registration Number, if Pa			
Ms. Lee Szykowny						
Street Address 250 S Parkview Ave	Employer/Occupation/Labor Organization		<del>-</del>	Form (Cash, Check, etc.)		
City:	State	Zip Code	M D Y	Amount		
Bexley	ОН	43209	072213	\$100.00		
Full Name of Contributor Registration Number, if PAC  Mr & Mrs Frank Pfaff						
Street Address 2425 Sherwood Rd	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)		
City Bexley	State OH	Zip Code 43209	M D Y 0 7 2 3 1 2	Amount \$25.00		

Page Total \$515.00

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)]