Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full			-			
-Committee to Elect Bob Kaynes	;					
Full Name of Contributor	Registration Number; if PAC					
Mr & Mrs George Lynch						
Street Address	Employer/Occa	pation/Labor Organization		Form (Cash, Check, etc.)		
506 N Drexel Ave				ck		
Ciry Bexley	State OH	Zip Code 43209	M D Y 0 7 2 3 1 3	Amount \$100.00		
Full Name of Contributor			Registration Number, if	PAC		
Dr Roger Friedman						
Street Address	Employer/Occi	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
. 290 N Remington				ck		
City	State	Zip Code	M D Y	Amount		
Bexley	ОН	43209	M D Y 0 7 2 3 1 3	\$50.00		
Full Name of Contributor Fergus Thiebert			Registration Number, if PAC			
Street Address	[F cust/Occ	and abor Oranization		Form (Cash, Check, etc.)		
62 S Ardmore Rd	Employer/Occi	pation/Labor Organization		ck		
City	State	Zip Code 43209	M D Y 0 7 2 5 1 3	Amount \$50.00		
Bexley	ОН	43209	1111	<u>.i</u>		
full Name of Contributor			Registration Number, if	PAC		
Douglas Addison				To 10 1 0 1 .		
Street Address	Employer/Occu	rpation/Labor Organization		Form (Cash, Check, etc.)		
336 S Drexel Ave		Tay o .	1	ck		
City Bexley	Stage OH	Zip Code 43209	M D Y Y 0 1 3	Amount \$250.00		
Full Name of Contributor	<u> </u>		Registration Number, if	PAC		
Dr & Mrs Leonard Janis						
Street Address	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.)		
2772 Plymouth Ave		pariou sacor organica		ck		
City	State	Zip Code	M D Y	Amount		
Bexley	OH	43209	0 7 2 5 1 3	\$25.00		
Full Name of Contributor	Registration Number, if PAC					
Donald Garlikov						
Street Address	Employer/Occu	quation/Labor Organization	···	Form (Cash, Check, etc.)		
251 S Dawson Ave				ck		
City	State	Zip Code	M P Y Y O 7 2 5 1 3	Amount		
Bexley	ОН	43209	072513	\$100.00		
Full Name of Contributor		<u></u>	Registration Number, if	PAC		
Jeff Edelstein						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
2434 Fair Ave				ck		
City	State	Zip Code	M D Y	Amount		
Bexley	OH	43209	072513			
Full Name of Contributor Dr & Mrs Marc Hollander			Registration Number, if	PAC		
Street Address	Employer/Occz	pation/Labor Organization		Form (Cash, Check, etc.)		
2447 Seneca Park Pl	amproyer, con			ck		
City	State	Zip Code	M D Y	Amount		
Bexley	OH	43209	0 7 2 6 1 3	\$25.00		

Page Total \$700.00

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)]