

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC		
Committee to Elect Bob Kaynes						
Full Name			Registration Number, if PAC			
Robert J. Kaynes, Jr.						
Address	Type*		M	D	Y	Amount
47 N Stanwood Rd	RE		0	1	1	\$4.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Bexley	OH	43209	correction			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.