

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 Jay Gray					Registration Number, if PAC		
Street Address 2572 Bryden Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$25.00
Full Name of Contributor Mr & Mrs Bruce Wasserstrom					Registration Number, if PAC		
Street Address 500 S Parkview Ave #301		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Suzanne Harmon					Registration Number, if PAC		
Street Address 500 S Parkview Ave #300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Mr & Mrs Mark Liefeld					Registration Number, if PAC		
Street Address 50 Eastmoor Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Columbus	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$25.00
Full Name of Contributor Frank Ingwersen					Registration Number, if PAC		
Street Address 173 S Parkview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Mr & Mrs Donald Brosius					Registration Number, if PAC		
Street Address 2481 Sherwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$20.00
Full Name of Contributor Jordan Finegold & Amy Klaben					Registration Number, if PAC		
Street Address 238 N Cassady Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 3	Y 1	Amount \$25.00
Full Name of Contributor Mr & Mrs William Porter					Registration Number, if PAC		
Street Address 16 Sessions Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck		
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 1	Y 0	Amount \$50.00

* 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 **\$295.00**