Statement of Contributions Received

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Prescribed by Secretary of State 03/05

	1 Tubering by been	really of State 03/03		
Name of Committee in Full Citizens for Bexley Issue 24				-
Full Name of Contributor			Danisman Mushar H	
John R. Kellogg		Registration Number, if P/		PAC
Street Address	Employer/Occ	rupation/Labor Organization		Form (Cash, Check, etc.
2715 Sherwood Rd.	- F	nhanon transi orfanization		Check
Columbus	State	Zip Code	MIDIY	Amount
Columbus	OH	43209	1 0 2 6 1 1	\$50.00
Full Name of Contributor			Registration Number, if	I
Stephen Keyes			Ť	17.0
Street Address	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
206 N. Drexel Ave.				Check
City Columbus	State	Zip Code	MDY	Amount
	OH _.	43209	1 0 2 6 1 1	\$250.00
Full Name of Contributor Michael L. Johnson		<u> </u>	Registration Number, if PAC	
	=·			
Street Address	Employer/Occi	upation/Labor Organization*	L	Form (Cash, Check, etc.)
2778 Bryden Rd.		- -		Check
City Columbus	State	Zip Code	M D Y	Amount
	ОН	43209	1 1 0 3 1 1	A
Full Name of Contributor			Registration Number, if	PAC
Lawrence L. Rinehart				
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
866 Harmony Dr.				Check
City Gahanna	State	Zip Code	M D Y	Amount
Full Name of Contributor	ОН	43230		\$100.00
Thomas C. Moenter			Registration Number, if I	
Street Address				!
88 N. Stanwood Rd.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City		— <u> </u>		Check
Columbus	State	Zip Code	M D Y	Amount
Full Name of Contributor	OH,	43209	1 1 0 7 1 1	\$50.00
Michael S. Hoy			Registration Number, if F	AC
Street Address		· ·	l	
2629 Bexley Park Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City				Check
Columbus	State	Zip Code	M D Y	Amount
Full Name of Contributor	ОН	43209	1 1 0 7 1 1	\$100.00
David Cohn			Registration Number, if P	AC AC
Street Address				
415 S. Drexel Ave.	Employer/Осси	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
415 S. Drexel Ave.				Paypal
Columbus	State	Zip Code	M D Y	Amount
Full Name of Contributor	OH	43209	1 1 0 9 1 1	\$23.97
Fred Roecker			Registration Number, if Pa	AC
Street Address]	1
2382 Brentwood Rd.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
<u> </u>				Paypal
City Columbus	State	Zip Code	M, D Y	Amount
COLONIDAS	OH.	43209	1 1 0 7 1 1	\$23.97

^{*} 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)]