

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Bridges for OHIO							
Full Name of Contributor CASEY Borders						Registration Number, if PAC	
Street Address 2643 Hoover crossing way			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) PAYPAL	
City Grove city			State OH	Zip Code 43123	M 0	D 4	Y 2011
						Amount 50.00	
Full Name of Contributor MARK MASTENBROOK						Registration Number, if PAC	
Street Address 7728 EHERIDON circle			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) PAYPAL	
City REYNOLDSBURG			State OH	Zip Code 43068	M 0	D 4	Y 2011
						Amount 50.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
						Amount	
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City			State	Zip Code	M	D	Y
						Amount	
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City			State	Zip Code	M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
						Amount	

* 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)]