

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full BEXLEY CITIZENS FOR ZUPNICK					
Full Name of Contributor JAN ZUPNICK				Registration Number, if PAC	
Street Address 77 S. CASSADY AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH	
City BEXLEY	State OH	Zip Code 43209	M 07	D 08	Y 11
			Amount 60.00		
Full Name of Contributor MICHAEL L. JOHNSON				Registration Number, if PAC	
Street Address 2778 BRYDEN ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City BEXLEY	State OH	Zip Code 43209	M 08	D 05	Y 11
			Amount 200.00		
Full Name of Contributor MALVINA DOBKIN				Registration Number, if PAC	
Street Address 91 S. CASSADY AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City BEXLEY	State OH	Zip Code 43209	M 08	D 10	Y 11
			Amount 50.00		
Full Name of Contributor MEYER WEISMAN				Registration Number, if PAC	
Street Address 138 S. MEAKLE RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43209	M 08	D 12	Y 11
			Amount 25.00		
Full Name of Contributor THOMAS J. FOODY				Registration Number, if PAC	
Street Address 510 SOUTH DREXEL AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City BEXLEY	State OH	Zip Code 43209	M 08	D 11	Y 11
			Amount 25.00		
Full Name of Contributor DOROTHY P. KAHN				Registration Number, if PAC	
Street Address 2746 BRENTWOOD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City BEXLEY	State OH	Zip Code 43209	M 08	D 09	Y 11
			Amount 15.00		
Full Name of Contributor ANDREA LYNCH				Registration Number, if PAC	
Street Address 506 N. DREXEL AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City BEXLEY	State OH	Zip Code 43209	M 08	D 10	Y 11
			Amount 100.00		
Full Name of Contributor ALAN ROSEN				Registration Number, if PAC	
Street Address 95 N. REMINGTON RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43209	M 08	D 10	Y 11
			Amount 25.00		

* 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 \$ **500**