31-A					
RC3	517 10				

Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Bexley Citizens for Issue 10						
Full Name of Contributor Robert K. Schmitz			Registration Number, if P	AC		
Street Address	Employer/Occu	pation/Labor Organization*	···	Form (Cash, Check, etc.)		
930 Francis Ave.		12: 6.1		check		
City Columbus	State OH	Zip Code 43209	0 9 9 1 0	Amount \$25.00		
Full Name of Contributor			Registration Number, if P	AC		
Andrew Madison and Carrie L. Madison						
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)		
2476 Bexley Park Ave.		Torres a		check		
City Columbus	State OH	Zip Code 43209		Amount \$25.00		
	Оп,	43203		ļ		
Full Name of Contributor Michael Hoy			Registration Number, if PAC 9			
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
2629 Bexley Park Ave.	0			check		
City Columbus	State OH	Zip Code 43209	$\begin{bmatrix} 0 & 9 & 0 \\ 3 & 1 \end{bmatrix}$	Amount \$50.00		
Full Name of Contributor			Registration Number, if P	AC		
Donald Brosius				_		
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
2481 Sherwood Rd.				check		
City	State	Zip Code	M D Y	Amount		
Columbus	OH	43209	090610	\$25.00		
Full Name of Contributor AFSCME Ohio Council 8, AFL-CIO Registration Number, if PAC						
Street Address	Employer/Occu	pation/Labor Organization*	·····	Form (Cash, Check, etc.)		
6800 N. High Street				check		
City	State	Zip Code	M D Y	Amount		
Worthington	OH,	43085	0 8 2 7 1 0	\$500.00		
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 F	AC		
Street Address Employer/Occupation/Labor Organization			<u>L</u>	Form (Cash, Check, etc.)		
City	State	Zip Code	M D Y	Amount		
Full Name of Contributor			Registration Number, if F	PAC		
Street Address	Employer/Occu	unation/Labor Organization*		Form (Cash, Check, etc.)		
	Employer/Occu	pation/Labor Organization		. orm (Cash, Check, etc.)		
City	State	Zip Code	M D Y	Amount		
				-		

Page Total \$625.00

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)]