

# Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Bexley Citizens for Issue 10</b>									
Full Name of Contributor <b>Lee Szykowny</b>						Registration Number, if PAC			
Street Address <b>250 S. Parkview Ave.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>1</b>		Amount <b>\$200.00</b>	
Full Name of Contributor <b>Mark R. and Soneta E. Masser</b>						Registration Number, if PAC			
Street Address <b>2479 Fair Ave.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>1</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>Jeffrey L. and Linda B. McClelland</b>						Registration Number, if PAC			
Street Address <b>2595 Brentwood Rd.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Amount <b>\$25.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH				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	
		OH				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	
		OH				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	
		OH				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	
		OH				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)]

Page Total **\$325.00**