

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
BEXLEY CITIZENS FOR ZUPNICK											
Full Name of Contributor							Registration Number, if PAC				
MICHAEL GIRE											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
389 S. Drexel Ave							CHECK				
City		State		Zip Code		M		D		Y	
COLUMBUS		OH		43209		08		10		11	
Amount							500.00				
Full Name of Contributor							Registration Number, if PAC				
JAMES B. SOLDANO											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2245 BRYDEN RD							CHECK				
City		State		Zip Code		M		D		Y	
COLUMBUS		OH		43209		08		12		11	
Amount							50.00				
Full Name of Contributor							Registration Number, if PAC				
EARL R. FOCHT											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
62 N. ROOSEVELT							CHECK				
City		State		Zip Code		M		D		Y	
BEXLEY		OH		43209		08		11		11	
Amount							25.00				
Full Name of Contributor							Registration Number, if PAC				
KAY ANNE HELMAN											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
63 SOUTH CASSADY AVE							CHECK				
City		State		Zip Code		M		D		Y	
COLUMBUS		OH		43209		08		13		11	
Amount							100.00				
Full Name of Contributor							Registration Number, if PAC				
JOHN R-KERN											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
20 S. Drexel Ave							CHECK				
City		State		Zip Code		M		D		Y	
COLUMBUS		OH		43209		08		13		11	
Amount							100.00				
Full Name of Contributor							Registration Number, if PAC				
THOMAS M. RYAN											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
265 STANBLY AVE							CHECK				
City		State		Zip Code		M		D		Y	
COLUMBUS		OH		43209		08		19		11	
Amount							50.00				
Full Name of Contributor							Registration Number, if PAC				
CHRISTOPHER A. EESMAN											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
672 S. REMINGTON RD							CHECK				
City		State		Zip Code		M		D		Y	
BEXLEY		OH		43209		08		20		11	
Amount							25.00				
Full Name of Contributor							Registration Number, if PAC				
HERB GLINCHER											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
10 N. DREXEL AVE							CHECK				
City		State		Zip Code		M		D		Y	
COLUMBUS		OH		43209		08		11		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)]