## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

(u) (a) (a) (b) (b)								
Name of Committee in Full								
Ben Kessler for Bexley Mayor			In the Control of the Control					
ull Name of Contributor			Registration Number, if PAC					
David Madison	- T- (- (5					F (C b Cb		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
485 S Parkview Avenue, Apt 110	Retired				T	Check		
City	State	Zip Code	M	D	Y	Amount	200.00	
Bexley	O H 43209				1 3		200.00	
Full Name of Contributor			Registra	auon Nu	mber, if I	AC		
Lee Nathans	F	pation/Labor Organization*	<u> </u>			Town (Cook Ch	ank asa)	
Street Address	l l				Form (Cash, Ch	eck, etc.)		
55 S Remington Road	Call Insu	_	T 5	1 v	Check			
City	State	Zip Code	M	D	Y	Amount	<b>50.00</b>	
Bexley	O H	43209			1 3	<u> </u>	50.00	
					mber, if I	PAC		
Martin Adler	T- 1 10	pation/Labor Organization*	Ц			In the state of		
Street Address	1 ' '				Form (Cash, Ch	eck, etc.)		
6029 McNaughten Grove Lane	Bexley T				Check			
City	State	Zip Code	l M	0	Y	Amount	<b>-0.00</b>	
Columbus	O H	43213			1 3		50.00	
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC		
Section (Decimality II show Organization)					_	Form (Cash, Ch	net etc l	
reet Address Employer/Occupation/Labor Organization*						rom (can, c	ICCK, CIC.)	
a:		Tin Code	Ти	D	ΤΥ	Amount		
City	State :	Zip Code	M		',	Amount		
			Danisa	-ti Ni:		DAC.		
Full Name of Contributor			Kegpu	auun nu	mber, if	rac		
5 Addison	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ock atc \	
Street Address						roini (Casir, C	ECK, EU.,	
City	State	Zip Code	T M	D	ΙΥ	Amount		
City	State	Zip Code	",	;	1 1	Allouit		
Full Name of Contributor		<u> </u>	Penietr	ation Nu	mber, if	PAC		
Pull Name of Contributor			Registi	a,,,,,,,,,,	#1#DC1, 11			
Course Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck etc \	
Street Address	Employer/ occupations capor organization					1 (Julia (Casa), Ca	,	
Cin.	State	Zip Code	Тм	D	Τv	Amount		
City	;	Zip code	"	;				
E.J. Name of Contributor			Registr	ation Nu	mber if	PAC		
Full Name of Contributor				Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
Street Address Employer/Occupation/Labor Organization*							,	
City	State	Zip Code	М	D	Ιγ	Amount		
aty	51213							
Full Name of Contributor Registration Number, if					PAC			
real rease of contributor								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)	
Supplied and a suppli						1		
City	State	Zip Code	М	D	Y	Amount		
City					1			
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\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 300.00