

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Ben Kessler for Bexley Mayor</b>							
Full Name of Contributor <b>David Madison</b>					Registration Number, if PAC		
Street Address <b>485 S Parkview Avenue, Apt 110</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Bexley</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	M <b>0</b>   <b>9</b>	D <b>2</b>   <b>4</b>	Y <b>1</b>   <b>3</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Lee Nathans</b>					Registration Number, if PAC		
Street Address <b>55 S Remington Road</b>		Employer/Occupation/Labor Organization* <b>Call Insurance/Insurance Agent</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Bexley</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	M <b>0</b>   <b>9</b>	D <b>2</b>   <b>4</b>	Y <b>1</b>   <b>3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Martin Adler</b>					Registration Number, if PAC		
Street Address <b>6029 McNaughten Grove Lane</b>		Employer/Occupation/Labor Organization* <b>Bexley Travel / Travel Agent</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43213</b>	M <b>0</b>   <b>9</b>	D <b>2</b>   <b>4</b>	Y <b>1</b>   <b>3</b>	Amount <b>50.00</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	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	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	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 300.00