Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens for Bexley Issue 24									
Full Name of Contributor			Registra	ation Num	iber, if PA	AC			
Downes Fishel Hass Kim LLP									
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)			
400 S. 5th Street, Ste. 200					1 _3	check			
City Columbus	State OH	Zip Code 43215	0 ^M 9	2 9	1 1	Amount \$100.00			
Full Name of Contributor John B. Rohyans and Joann C. Rohy	yans		Registra	ation Num	iber, if PA				
Street Address 75 Meadow Park Ave.	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43209	1 0	1 4	1 1	Amount \$100.00			
Full Name of Contributor Richard R. Snowdon and Marlee A. Snowdon									
Street Address 326 N. Columbia Ave.	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43209	1 0	1 7	1 1	Amount \$2 50.00			
ull Name of Contributor Fraternal Order of Police Registration Number, if PAC									
Street Address 6800 Schrock Hill Ct.	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43229	0 ^M 9	2 1	1 1	Amount \$1,000.00			
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occu	upation/Labor Organization*	<u></u>			Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount			
Full Name of Contributor						egistration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount			
Full Name of Contributor	Registr	ration Nur	nber, if P	AC					
Street Address	Employer/Occo	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount			
Full Name of Contributor	<u></u>		Registr	ration Nur	nber, if P	AC			
Street Address	Employer/Occi	supation/Labor Organization	<u></u>			Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount			

Page Total \$1,450.00

^{*} 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)]