

AMENDED **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

| | | | | | | |
|---|--------------------|---|---------------|-----------------------------------|---------------|-----------------------------|
| Name of Committee in Full Support Your Bexley Library | | | | | | |
| Full Name of Contributor Paige Crane | | | | Registration Number, if PAC | | |
| Street Address 19 N. Drexel | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) check | | |
| City Bexley | State OH | Zip Code 43209 | M 0 | D 6 | Y 2 | Amount \$1,000.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | |
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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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,000.00**