3	1-	A		
R	LC.	351	7.	10

## **Statement of Contributions Received**

Page 2

Prescribed by Secretary of State 03/05

Name of Committee in Full Support Your Bexley Library								
Full Name of Contributor					Registration Number, if PAC			
Rocky Saxbe					••			
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)		
2226 Bryden Road						check		
City Bexley	State OH	Zip Code 43209	м 1 0	D   B	1 3	Amount \$500.00		
Full Name of Contributor			Registrati	on Num	ber. 1f PA	/C		
Thomas Tappan								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
207 S. Cassady		la: all		<del>-N</del> 1	7,6	check		
City Bexley	Stake OH	Zip Code 43209	1 0 6	2 6	1 3	Amount \$25.00		
Full Name of Contributor	<u> </u>			1	<u> </u>			
Full Name of Contributor  Mabel Freeman  Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
65 Meadow Park Avenue						check		
City Bexley	State OH	Zip Code 43209	1 0	1 8	1 3	Amount \$50.00		
Full Name of Contributor	<u> </u>		Registrati	on Num	ber, if P/	AC .		
Street Address	Employer/Occupati	on-Labor Organization		•		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor	<del>!</del>	Registrati	on Num	ber. if P/	AC .			
Street Address	Employer/Occupati	on Labor Organization				Form (Cash, Check, etc.)		
	Linproyerroccupia	on Lagor Organization						
City	State	Zip Code	M	D	۲ſ	Amount		
	OH <sub>.</sub>							
Full Name of Contributor	-	Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
	ОН							
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount		
Full Name of Contributor		Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City	Stake OH	Zip Code	M	D	Ϋ́	Amount		

Page Total \$575.00

<sup>\*</sup> 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)]