

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ben Kessler for Bexley City Council							
Full Name of Contributor Robyn Jones					Registration Number, if PAC		
Street Address 825 Vernon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 6	Amount 50.00	
Full Name of Contributor Dan Ferdelman					Registration Number, if PAC		
Street Address 2550 Bryden Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 7	Amount 40.00	
Full Name of Contributor Kevin Brady					Registration Number, if PAC		
Street Address 172 South Columbia Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 7	Amount 50.00	
Full Name of Contributor Monique Lampke					Registration Number, if PAC		
Street Address 2447 Plymouth Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 7	Amount 40.00	
Full Name of Contributor Susan & Erick Zanner					Registration Number, if PAC		
Street Address 316 South Roosevelt Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 9	Amount 50.00	
Full Name of Contributor Kent Johnson					Registration Number, if PAC		
Street Address 145 South Remington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Jed & Joyce Morison					Registration Number, if PAC		
Street Address 1527 Brentwood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 1	D 0	Y 9	Amount 50.00	
Full Name of Contributor Mike Kessler					Registration Number, if PAC		
Street Address 188 River Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Calais	State M E	Zip Code 04619	M 1	D 0	Y 1	Amount 100.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 430.00