ا ز	L - ,	A		
R	C.	35	17	.10

Statement of Contributions Received

	Prescribed by Secretary	or State 03/03		
of Committee in Full tizens for Bexley Issue 24				
Name of Contributor			Registration Number, if P	AC .
ownes Fishel Hass Kim LLP				Form (Cash, Check, etc.)
Address	Employer/Occupa	tion/Labor Organization		check
00 S. 5th Street, Ste. 200				Amount
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code	M D Y	\$100.00
olumbus	ОН	43215	0 9 2 9 1 1 Registration Number, if	
Name of Contributor			Registration Number, in	
ohn B. Rohyans				Form (Cash, Check, etc.)
Address	Employer/Occup	ation/Labor Organization		check
5 Meadow Park Ave.		Tal- Code	M D Y	Amount
	State OH	Zip Code 43209	101411	\$100.00
olumbus	OIT		Registration Number, if	PAC
Name of Contributor	A. Snowdon			
· Manee /		Form (Cash, Check, etc.)		
et Address	Employer/Occur	Employer/Occupation/Labor Organization		check
326 N. Columbia Ave.	0.11	Zip Code	MDY	Amount
y	State	43209	1 0 1 7 1	1 \$250.00
Columbus			Registration Number, i	PAC
Name of Contributor				
Fraternal Order of Police				Form (Cash, Check, etc.
eet Address	Employer/Occu	pation/Labor Organization*		check
6800 Schrock Hill Ct.	State	Zip Code	M D Y	Amount
ty .	ОН	43229	p 9 2 1 1	1 \$1,000.00
Columbus	- Oil		Registration Number,	FPAC
Il Name of Contributor				
	ress Employer/Occupation/Labor Organization			Form (Cash, Check, etc.
reet Address	Employeroco	upation Labor Organization		I
	State	Zip Code	M D	Amount
ity	OH	1		
			Registration Number	if PAC
ull Name of Contributor			ì	
		cupation/Labor Organization		Form (Cash, Check, etc.
treet Address	Employer/Oc	Subattom Pagot Otempara		
	State	Zip Code	M D	Y Amount
Dity	OH	Eq. Social		
			Registration Number	, if PAC
full Name of Contributor				
	<u> </u>	d d - O-mainting		Form (Cash, Check, c
Street Address	Employer/Oc	cupation/Labor Organization		
	- C. J.	Zip Code	M D	Y Amount
City	State OH	Zap Code		
	Un		Registration Number	r, if PAC
Full Name of Contributor				
		ccupation/Labor Organization		Form (Cash, Check,
				1
Street Address	Employer/O	ccribation rapor OtRatisation	•	1
Street Address	Employer/O	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)]