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R	.c	. :	351	7.	10

Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

		- · · · · · · · · · · · · · · · · · · ·					
Name of Committee in Full Support Your Bexley Library							
Full Name of Contributor	Registration Number, if PAC						
Diane Peterson							
Street Address 233 S. Roosevelt	Employ er/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) check			
City Bexley	State OH	Zip Code 43209	0 7 2 3 1 3	Amount \$100.00			
Full Name of Contributor			Registration Number, if F	PAČ			
Alan Radnor			Registration Nutrices, 11 P				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
400 South Columbia Avenue				check			
City	Staite	Zip Code	M D Y	Amount			
Bexley	ОН	43209	082113	\$1,000.00			
Full Name of Contributor Mary Rath	Registration Number, if F	AC					
Street Address	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.)			
2640 Brentwood Road	F. 3	17: 0.1		check			
City Bexley	Stake OH	Zip Code 43209	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} 0 \\ 4 \end{bmatrix} 4 \begin{bmatrix} 1 \\ 1 \end{bmatrix} 3$	Amount \$250.00			
Full Name of Contributor	· · ·		Registration Number, if F	PAC			
Rachel Rubin							
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)			
290 N. Stanwood	6.4	7:- 0.4.		check			
City Bexley	State OH	Zip Code 43209	080813	Amount \$100.00			
Full Name of Contributor Registration Number, if PAC Lenore Schottenstein							
Street Address	Je 1 0			Form (Cash, Check, etc.)			
1000 South Dawson Avenue, #301	Employer/Occi	apation/Labor Organization		check			
i	C. d.	7:- 6-1-	M D Y	Amount			
City Bexley	OH.	Zip Code 43209	0 9 0 3 1 3	\$250.00			
Full Name of Contributor		•	Registration Number, if I	PAC			
Jim Wilson							
Street Address	Employer/Open	upation/Labor Organization	,	Form (Cash, Check, etc.)			
2409 Bexley Park Road	Employenocci	apadoti caodi Oiganizadon		check			
City	Stake	Zip Code	M D Y	Amount			
Bexley	ОН	43209	091813	\$50.00			
Full Name of Contributor			Registration Number, if I	PAC			
Molly Winkel							
Street Address	Employer/Occi	upation/Labor Organization*	· · ·	Form (Cash, Check, etc.)			
755 Vernon Road				check			
City Columbus	State OH	Zip Code 43209	M D Y Y 0 9 2 6 1 3	Amount \$250.00			
Full Name of Contributor Registration Number, if PAC							
Carolynn Ziance							
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)			
270 N. Cassingham Road				check			
City Bexley	State OH	Zip Code 43209	$\begin{bmatrix} M & D & Y \\ 0 & 9 & 2 & 1 & 1 & 3 \end{bmatrix}$	Amount \$60.00			

Page Total \$2,060.00

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)]