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Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Bexley Citizens for Issue 10	-		· · · · · · · · · · · · · · · · · · ·			
Eull Name of Contributor			Registration Number, if PA	C		
Charles W. and Mary Susan Rath			B			
Street Address	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)		
2640 Brentwood Rd.	n. l			Check Amount		
City Columbus,	State OH	Zip Code 43209	0 9 1 1 1 0	\$50.00		
Full Name of Contributor	<u> </u>	· · · · · · · · · · · · · · · · · ·	Registration Number, if P/	ic -		
Robyn Jones						
Street Address	Employer/Occupati	on/Labor Organization		Form (Cash, Check, etc.) Check		
825 Vernon Rd.	State	Zip Code	M D Y	Amount		
Columbus	OH.	43209	0.9 1 4 1 0	\$25.00		
Full Name of Contributor Kay Anne Helman	Registration Number, if PA	VC				
Street Address	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)		
63 N. Cassady Ave.			, , , , , , , , , , , , , , , , , , , 	Check		
City Columbus	State OH	Zip Code 43209	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} D \\ 1 \end{bmatrix} 2 \begin{bmatrix} Y \\ 1 \end{bmatrix} 0$	Amount \$25.00		
Full Name of Contributor Alan and Carol Radnor			Registration Number, if PA	/C		
Street Address	Employer/Occupati	on/Labor Organization		Form (Cash, Check, etc.)		
400 S. Columbia Ave.	Lamproyerr Occupan	от простольный принями		Check		
City	State	Zip Code	M D Y O 9 1 5 1 0	Amount		
Columbus,	ОН	43209	0 9 1 5 1 0 Registration Number, if P	\$10.00		
Full Name of Contributor Richard and Debra Sharp			Registration Number, if PA			
Street Address		Form (Cash, Check, etc.)				
845 College Ave.	Crobs.	7 in Code	M D Y	Check		
City Columbus	State OH	Zip Code 43209	0 9 1 0 1 0	\$25.00		
Full Name of Contributor Registration Number, if William E. and Barbara W. Hoyer						
Street Address	<u></u>	Form (Cash, Check, etc.)				
2569 Brentwood Rd.		ien/Labor Organization		Check		
City	State OH	Zip Code 43209	0 9 1 0 1 0	Amount \$25.00		
Columbus Full Name of Contributor	Oi!		Registration Number, if P.			
R. Kent and M. Kay Holley						
Street Address	Form (Cash, Check, etc.)					
115 S. Remington Rd.	1.2 1 = 1.2	Check				
City Columbus	State OH	Zip Code 43209	0 9 1 0 1 0	Amount \$10.00		
Full Name of Contributor John B. and Joann Rohyans	<u> </u>		Registration Number, if P	AC		
Street Address	Form (Cash, Check, etc.)					
75 Meadow Park Ave.		ion/Labor Organization*		Check		
City Columbus	State OH	Zip Code 43209	M 9 D 9 1 0	Amount \$25.00		

Page Total \$195.00

^{*}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)]