| Page | 3 |  |
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full         |                        |                            |  |                                   | <u></u>                   |
|-----------------------------------|------------------------|----------------------------|--|-----------------------------------|---------------------------|
| Ben Kessler for Bexley City Counc | :1                     |                            |  |                                   |                           |
| Full Name of Contributor          | 11                     |                            | Degictratic                              | on Number, it PAC                 |                           |
| Mike Simpson                      |                        |                            | Veftixit arioi                           | n Number, il i mo                 | ,                         |
| Street Address                    | Employer/Occy          | pation/Labor Organization* |  |                                   | Form (Cash, Check, etc.)  |
| 2624 Bexley Park Road             |                        | dibinador organización.    |  |                                   | •                         |
| City                              | State                  | Zip Code                   | M  | D Y                               | Check                     |
| Bexley                            | OH                     |                            | 1 1                                      |                                   | Amount                    |
| Full Name of Contributor          |                        | 43209                      |  | 1 7 1 1<br>m Number, if PAC       | 1 100.00                  |
| Jason Meeker                      |                        |                            | heyim ano.                               | ) Millioci, ktap                  |                           |
| Street Address                    | Employer/Occur         | pation/Labor Organization* |  |                                   | Form (Cash, Check, etc.)  |
| 196 South Ardmore Road            |                        | Mont Edvor - 19-           |  |                                   |                           |
| City                              | State                  | Zip Code                   | M  | D Y                               | Online<br>Amount          |
| Bexley                            | OTH                    |                            |  | 1 8 1 1                           |                           |
| Full Name of Contributor          |                        | 40407                      |  | 1   8   1   1<br>m Number, # PAC  |                           |
| Carolynn Ziance                   |                        |                            | 110g/211 0                               | I Pruliiope, na and               |                           |
| Street Address                    | Employer/Occur         | pation/Labor Organization* |  |                                   | Form (Cash, Check, etc.)  |
| 270 North Cassingham Road         |                        | Monagovi or yamana         |  |                                   | Online                    |
| City                              | State                  | Zip Code                   | M  | D Y                               | Amount                    |
| Bexley                            | ОТН                    |                            | $\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$ |                                   |                           |
| Full Name of Contributor          |                        | TUZU/                      |  | 1   8   1   1<br>n Number, it PAC |                           |
| Greg & Mary Margulies             |                        |                            | 110915                                   | / Number, name                    |                           |
| Street Address                    | Employer/Occur         | pation/Labor Organization* |  |                                   | Form (Cash, Check, etc.)  |
| 2671 Bexley Park Road             |                        | Monadoor Organization      |  |                                   |                           |
| City                              | State                  | Zip Code                   | М  | DI Y                              | Check                     |
| Bexley                            | OIH                    |                            |  | 2 3 1 1                           |                           |
| Full Name of Contributor          |                        | 70207                      |  | 2   3   1   1<br>n Number, if PAC |                           |
|                                   |                        |                            | Подімина                                 | . NUNIUGI, ILI ELO                |                           |
| Street Address                    | Employer/Occup         | ation/Labor Organization*  |  |                                   | Form (Cash, Check, etc.)  |
|                                   |                        | HORALGOOL Or generally     |  |                                   | POTTO (Lash, Check, etc.) |
| City                              | State                  | Zip Code                   | М  | D Y                               | Amount                    |
|                                   |                        | Ap coop                    | "  | ו'   ו                            | Amoum                     |
| Full Name of Contributor          |                        |                            | Renistration                             | n Number, if PAC                  | <u></u>                   |
|                                   |                        |                            | negon our.                               | NUIII0¢r, u 1 A o                 |                           |
| Street Address                    | Employer/Dccyp         | ation/Labor Organization*  |  |                                   | Tame (C.A. Charle sta)    |
|                                   | multiple years and and | tions and or games to the  |  |                                   | Form (Cash, Check, etc.)  |
| City                              | State                  | Zip Code                   | M 1                                      | D Y                               | Amount                    |
|                                   |                        | Zip Code                   | M  | ן ן ן                             | Amount                    |
| Full Name of Contributor          | <u> </u>               |                            | Peristration                             | Number, if PAC                    | <u></u>                   |
|                                   |                        |                            | negiza anom                              | Number, it is to                  | I                         |
| Street Address                    | Employer/Occup         | ation/Labor Organization*  |  |                                   | 10 (Cash Marah Hal)       |
| i                                 | Milliproy ver = c      | MODIFECTOR Organisasson    |  | !                                 | Form (Cash, Check, etc.)  |
| City                              | State                  | Zip Code                   |  | D Y                               | L                         |
|                                   | 1                      | LEM Code                   | '  | ן ן ן יי                          | Amount                    |
| Full Name of Contributor          |                        |                            | Decistration                             | Number, if PAC                    | <u> </u>                  |
|                                   |                        |                            | Wedizit arion i                          | NUMBER, II FAL                    |                           |
| Street Address                    | Frmlouer/Occum         | ation/Labor Organization*  |  |                                   | 17 70 100 1 111           |
|                                   | Employou coos          | JOINTAGOU Organization     |  | !                                 | Form (Cash, Check, etc.)  |
| City                              | State                  | Zip Code                   | LWI                                      | DI VI                             | <del> </del>              |
|                                   |                        | Zip Code                   | M  |                                   | Amount                    |
|                                   |                        |                            |  |                                   | <u></u>                   |

\* 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 \$ | 300.00 |
|---------------|--------|
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