

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Bexley Issue 24</b>									
Full Name of Contributor <b>AFSCME Local 3838</b>						Registration Number, if PAC			
Street Address <b>2242 E. Main St.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Amount <b>\$500.00</b>	
Full Name of Contributor <b>AFSCME Ohio Council 8</b>						Registration Number, if PAC			
Street Address <b>600 N. High St.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Worthington</b>		State <b>OH</b>		Zip Code <b>43085</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Amount <b>\$250.00</b>	
Full Name of Contributor <b>Mark Storer</b>						Registration Number, if PAC			
Street Address <b>804 S. Remington Rd.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Paypal</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>1</b>		Amount <b>\$194.72</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		<b>OH</b>						Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
								Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City		State		Zip Code		M		D	
								Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
								Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
								Amount	

\* 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)]