## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Bexley Issue 24				
Full Name of Contributor Steven J. Grossman and Joanne D. (	Grossman		Registration Number, if I	PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
201 S. Cassady Ave.	1		1.2 ( = 1 )	check
City Columbus	State OH	Zip Code 43209	1 0 0 7 1 1	Amount \$50.00
Full Name of Contributor David H. Madison			Registration Number, if I	PAC
Street Address	F 1 6	A short Or a 12 of *		Form (Cash, Check, etc.)
485 S. Parkview Ave. Apt. 110	Employer/Occupation/Labor Organization*		check	
City Columbus	State OH	Zip Code 43209	M D Y 1 1 1 1	Amount \$100.00
Full Name of Contributor Christopher A. Essman and Lori A. E	ssman		Registration Number, if I	PAC
Street Address 672 S. Remington Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43209	1 9 0 0 1 1	Amount \$40.00
Full Name of Contributor George N. Simpson			Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*	<del>-</del>	Form (Cash, Check, etc.)
258 S. Drexel Ave.		[m: 0.3	······································	check
City Columbus	State OH	Zip Code 43209	1 0 1 1 1 1	Amount \$125.00
Full Name of Contributor Timothy G. Madison			Registration Number, if	PAC
Street Address 2753 Sherwood Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43209	M D Y	Amount
Full Name of Contributor	1 011		Registration Number, if	<b>4.00.00</b>
Michael Johnson				
Street Address 2778 Bryden Rd.	Employer/Occu	apation/Labor Organization*	······································	Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	1 0 1 3 1 1	Amount \$100.00
Full Name of Contributor Lisa Stinziano and Mike Stinziano		Registration Number, if	PAC	
Street Address 184 S. Ardmore Rd.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43209	M D Y 1 1 1 1	Amount \$50.00
Full Name of Contributor  Mark r. Masser and Soneta E. Masse	er	<del></del>	Registration Number, if	PAC
Street Address 2479 Fair Ave.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43209	M D Y 1 0 1 3 1 1	Amount \$100.00

<sup>\*</sup> 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)]