Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Re-elect Fishel							
Full Name of Contributor			D		L :5 D 4		
Joan Fishel			Registra	uon Num	ber, if PA	ıc	
Street Address	Employer/Osm	pation/Labor Organization*				Form (Cash, Che	ا معماد
	Employer/Occi	panon/Labor Organization*				` '	ck, etc.)
2601 E. Broad St.		2.01	1	r -		check	
Columbus	State OH	Zip Code 43209	0 9	D	Y OL77	Amount	100.00
Full Name of Contributor	TOIT	43209		1 2	0 7 ber, if PA	<u></u>	100.00
Mary Lou Albertus			Registra	uon Num	DET, II PA	i.C	
Street Address	Employer/Osca	pation/Labor Organization*				Form (Cash, Che	-1:\
3422 River Narrows Rd.	Employer/Occi	panon capor Organization					ck, etc.)
City	State	7:- C-1-	1 14		I v	check	
Hilliard	OH	Zip Code 43026	M	D	Y OLZ	Amount	20.00
Full Name of Contributor	[011]	43040		1 9	ber, if PA		30.00
			Kegistra	aon Num	DET, II PA	.C	
Howard L. Apothaker Street Address	Employee/Open	pation/Labor Organization*				Form (Cash, Che	ali
	Employer/Occu	panon/Labor Organization				4	ck, ac.)
184 N. Merkle Rd.	5	3:. 0.1	- T .:	. to	37	check	
1 -	State	Zip Code	M	D	Y	Amount	75.00
Columbus Full Name of Contributor	OH	43209		1 4	0 7		75.00
			Kegisira	משא מסט	ber, if PA	C	
Susan E. Ashbrook	Ir	and a first of the first of				r (0.1.0)	.h
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
2994 Crescent Dr.		la: a :	1			check	
City C 1 and 1 and 1	State	Zip Code	M	D	Y	Amount	100.00
Columbus	OH	43204	0 9	1 5		<u></u>	100.00
Full Name of Contributor			Registral	on Num	ber, if PA	C	
Richard Barnett							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
43 S. Cassingham Rd.						check	
City	State	Zip Code	M	D	Ϋ́	Amount	10.00
Columbus	OH	43209		1 9			18.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C	
Ken Blum							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
2444 Bexley Park Rd.		T-: - :				check	
City	State	Zip Code	M	D	Y	Amount	40.00
Columbus	OH	43209			0 7		18.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	c	
Barbara Ellison							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
241 S. Ardmore Rd.		•				check	
City	State	Zip Code	M	D	Y	Amount	25.00
Columbus	OHI	43209		1 6			25.00
Full Name of Contributor			Registrat	uon Numi	ber, if PA	C	
Julie Fino	<u> </u>						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
1165 Sunnyhill Rd.		1			4.5	check	
City	State	Zip Code	M	D	Y	Amount	0= 00
Columbus	OH	43221	1019	1 7	0 7		25.00

Page	Total \$	391	.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 appear. [R.C. 3517.10(B)(4)]