Page <u>2</u>

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

VCin in E n			····				
Name of Committee in Full							
Committee to Re-elect Fishel				_			
Full Name of Contributor		Registration Number, if PAC					
Jordan Finegold							
Street Address	Employer/Occi	upation/Labor Organization*			Form (Cash, Che	eck, etc.)	
238 N. Cassady Ave.					check		
City	State	Zip Code	M D	Y	Amount		
Columbus	OH	43209	0 9 1 7	017		15.00	
Full Name of Contributor			Registration Num	ber, if PA	С		
Murray Fishel						4	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)	
6829 W. Fitzwater Rd.					check		
City	State	Zip Code	M D	Y	Amount	_	
Brecksville	OH	44141	0 9 1 7	0 7		100.00	
Full Name of Contributor	······································		Registration Num		Ċ		
Constance Freundlich				-			
Street Address	Employer/Occu	mation/Labor Organization*			Form (Cash, Check, etc.)		
63 S. Dawson Ave.					check		
City	State	Zip Code	M D	Y	Amount		
Columbus	ОНІ	43209	0 9 1 7			25.00	
Full Name of Contributor	10111	10207	Registration Num		C	20.00	
Lori Greenblott				,	_		
Street Address	Employer/Occ	ipation/Labor Organization*			Form (Cash, Che	rck etc.)	
2618 Brentwood	Zapiojaroea	ipadois Edibor Organisation			check		
City	State	Zip Code	M D	Y	Amount		
Columbus	OHI	43209	0 9 1 7	017	Auoun	25.00	
	[Off]	43207				25.00	
Full Name of Contributor Registration Number, if PAC							
Steve Grossman Street Address	In 1 10				From /Cook Ch	ali asa N	
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
201 S. Cassady Ave.		la: o i			check		
City	State	Zip Code	M D	Y	Amount	E0.00	
Columbus	OH	43209	0 9 1 7	0 7	<u></u>	50.00	
Full Name of Contributor Registration Number, if PAC							
Patricia Haskins			<u> </u>				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
6308 Tanera More Ct.		<del>,</del>			check		
City	State	Zip Code	M D	Y	Amount	*= **	
Dublin	OH	43017	0 9 1 7			25.00	
Full Name of Contributor			Registration Num	beт, if PA	С		
Marian Irwin							
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Che	ck, etc.)	
923 White Willow Ln.					check		
City	State	Zip Code	M D	Y	Amount		
Columbus	OHI	43235	0 9 1 9	0 7		20.00	
Full Name of Contributor Registration Number, if PAC							
Teresa Kelleher							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check			ck, etc.)		
1222 Southport					check		
City	State	Zip Code	M D	Υ	Amount		
Columbus	OHI	43235	0 9 1 9	017		100.00	

Page	Total	s	360.00

<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 appear. [R.C. 3517.10(B)(4)]