

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Keep Council Open												
Full Name of Contributor Suzanne M. Patzer						Registration Number, if PAC						
Street Address 1021 E. Broad St.			Employer/Occupation/Labor Organization* Education administrator				Form (Cash, Check, etc.) checks					
City Columbus		State OH		Zip Code 43205		M 0		D 8		Y 2 6 1 0		Amount \$25.00
Full Name of Contributor Robert J. Fitrakis						Registration Number, if PAC						
Street Address 1021 E. Broad St.			Employer/Occupation/Labor Organization* Professor				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43205		M 0		D 8		Y 2 5 1 0		Amount \$25.00
Full Name of Contributor James D. Moore						Registration Number, if PAC						
Street Address 3400 Norwood St.			Employer/Occupation/Labor Organization* Instructor				Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43224		M 0		D 8		Y 2 3 1 0		Amount \$25.00
Full Name of Contributor Michelle Phillips						Registration Number, if PAC						
Street Address 323 N. Warren Ave.			Employer/Occupation/Labor Organization* Custodian				Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43204		M 0		D 8		Y 1 7 1 0		Amount \$25.00
Full Name of Contributor Rebecca A. Hunley						Registration Number, if PAC						
Street Address 93 S. Dakota Ave.			Employer/Occupation/Labor Organization* Career consultant				Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43222		M 0		D 9		Y 2 2 1 0		Amount \$25.00
Full Name of Contributor Stephen Soble						Registration Number, if PAC						
Street Address 3940 Schirtzinger Rd.			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check					
City Hilliard		State OH		Zip Code 43026		M 0		D 9		Y 2 2 1 0		Amount \$20.00
Full Name of Contributor Rebecca A. Hunley						Registration Number, if PAC						
Street Address 93 S. Dakota Ave.			Employer/Occupation/Labor Organization* Career Consultant				Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43222		M 0		D 9		Y 2 2 1 0		Amount \$30.00
Full Name of Contributor Michelle Phillips						Registration Number, if PAC						
Street Address 323 N. Warren Ave.			Employer/Occupation/Labor Organization* Custodian				Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43204		M 0		D 9		Y 2 2 1 0		Amount \$50.00

* 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 also appear. [R.C. 3517.10(B)(4)]