

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Fishel for Bexley School Board							
Full Name of Contributor Barb Ellison					Registration Number, if PAC		
Street Address 241 S. Ardmore		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$50.00	
Full Name of Contributor Rick Rosenthal					Registration Number, if PAC		
Street Address 2610 Sherwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$25.00	
Full Name of Contributor Connie Freundlich					Registration Number, if PAC		
Street Address 63 S. Dawson		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$25.00	
Full Name of Contributor Don Brosius					Registration Number, if PAC		
Street Address 50 W. Broad		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 	D 	Y 	Amount \$50.00	
Full Name of Contributor Josh Greenberg					Registration Number, if PAC		
Street Address 36 S. Ardmore		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$25.00	
Full Name of Contributor Marlene Miller					Registration Number, if PAC		
Street Address 2412 Brentwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$25.00	
Full Name of Contributor Debbie Krantz					Registration Number, if PAC		
Street Address 2487 Powell		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$25.00	
Full Name of Contributor Carla Ashton					Registration Number, if PAC		
Street Address 190 S. Cassingham		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 	D 	Y 	Amount \$25.00	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]

Page Total \$ **\$250.00**