

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Bob Fitrakis						
Full Name of Contributor David Nassau				Registration Number, if PAC NA		
Street Address 105 S. Roosevelt Ave.		Employer/Occupation/Labor Organization Unemployed			Form (Cash, Check, etc.) Cash	
City Bexey	State OH	Zip Code 43209	M 1	D 0	Y 0316	Amount \$9.41
Full Name of Contributor Philip A. Mohorich				Registration Number, if PAC NA		
Street Address 18916 Arrowhead Ave.		Employer/Occupation/Labor Organization SPS Pest Control / Licensed Applicator			Form (Cash, Check, etc.) Check	
City Cleveland	State OH	Zip Code 44119	M 1	D 0	Y 0316	Amount \$200.00
Full Name of Contributor Suzanne Patzer				Registration Number, if PAC NA		
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization CSCC / Education Administrator			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M 1	D 0	Y 1716	Amount \$100.00
Full Name of Contributor Jim Cirile				Registration Number, if PAC NA		
Street Address 3740 W. 58th Pl.		Employer/Occupation/Labor Organization Coverage Ink/ Screenwriter			Form (Cash, Check, etc.) Cash	
City Los Angeles	State CA	Zip Code 90043	M 1	D 0	Y 1916	Amount \$23.97
Full Name of Contributor Robert Eves				Registration Number, if PAC NA		
Street Address 878 Weldon Ave.		Employer/Occupation/Labor Organization Self-employed / Contractor			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2916	Amount \$19.12
Full Name of Contributor Robert F. Fitrakis				Registration Number, if PAC NA		
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization CSCC / Professor			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M 1	D 1	Y 1516	Amount \$750.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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)]