31-A
R.C. 3517.10

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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							**Registration Number, if PAC**	
Jim Winnegrad								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
217 N. Cassingham								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43209	10	20	0			$15.00
Full Name of Contributor							**Registration Number, if PAC**	
Steve Grossman								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
201 S. Cassady Ave								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43209	10	20	03			$25.00
Full Name of Contributor							**Registration Number, if PAC**	
Jeanne Haddow-Booth								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
432 Grist Run Ct.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Westerville	OH	43082	10	20	03			$50.00
Full Name of Contributor							**Registration Number, if PAC**	
Kathy Matthews								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
3308 Vinton Park Place								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Hilliard	OH	43026	10	22	03			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
Marc Nesbit								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1025 Chelsea Ave								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43209	09	05	03			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
Robert Parker								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
761 Montrose Ave								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43209	10	15	03			$30.00
Full Name of Contributor							**Registration Number, if PAC**	
Debbie Leasure								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
870 Montrose								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43209	09	05	03			$35.00
Full Name of Contributor							**Registration Number, if PAC**	
Patty Haskins								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
6308 Tanera More Ct.								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43017	09	05	03			$35.00

* 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 $ $390.00