

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 Mitch Sifrin				Registration Number, if PAC NA		
Street Address 1180 W. Broad St.		Employer/Occupation/Labor Organization* Affordable Insurance Agency of Ohio/Owner			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43222	M 0	D 7	Y 2 2	Amount \$500.00
Full Name of Contributor Phillip 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 0	D 8	Y 1 2	Amount \$100.00
Full Name of Contributor Jeremy Wehde				Registration Number, if PAC NA		
Street Address 3036 Dunston Lane		Employer/Occupation/Labor Organization* Dart Transit / Truck driver			Form (Cash, Check, etc.) Cash	
City Dayton	State OH	Zip Code 45424	M 0	D 8	Y 0 9	Amount \$100.00
Full Name of Contributor David Toorchen				Registration Number, if PAC NA		
Street Address 1800 Riverhill Rd.		Employer/Occupation/Labor Organization* Chemical Abstracts			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 1 2	Amount \$250.00
Full Name of Contributor Suzanne Patzer				Registration Number, if PAC NA		
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization* CSCC / Education Administratort			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43205	M 0	D 9	Y 1 0	Amount \$48.25
Full Name of Contributor Joseph A. Motil				Registration Number, if PAC NA		
Street Address 167 W Cooke Rd.		Employer/Occupation/Labor Organization* Constructio worker			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 0 3	Amount \$100.00
Full Name of Contributor Timothy Wagner				Registration Number, if PAC NA		
Street Address 3089 Ontario St.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	M 0	D 9	Y 1 1	Amount \$200.00
Full Name of Contributor William Neill				Registration Number, if PAC NA		
Street Address 8976 Water Tupelo Rd.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Ft. Myers	State FL	Zip Code 33912	M 0	D 9	Y 2 2	Amount \$48.25

* 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)]