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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		······································				•	
Committee to Re-elect Fishel							
Full Name of Contributor	'		Registra	tion Num	ber, if PA	<u></u>	-
Helene Cweren			Registra	HOH IVEH	wei, n i A		
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Chec	k etc.)
100 S. Merkle	Дифиоуси оссы,	pations ration of gamzation				check	k, CiC.)
City	State	Zip Code	Тм	D	Y	Amount	
Columbus	OH	43209	1	213		Allenin	25.00
Full Name of Contributor	TOTT	40207			ber, if PA	<u> </u>	23.00
Josh Greenberg			registra	41011 111111		·C	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Checi	k etc.)
36 S. Ardmore Rd.	rampioyer/occupanous cation organization				check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OHI	43209	0 9	1		, 1110-111	20.00
Full Name of Contributor	OIII	40207			ber, if PA	<u> </u>	20.00
Katrina Grossman			i c gisti				
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>		-	Form (Cash, Chec	(etc.)
366 S. Stanwood Rd.	1,,,	P			:	check	-,
City	State	Zip Code	Тм	D	Y	Amount	
Columbus	OHI	43209	019	I '.	_	, moun	25.00
Full Name of Contributor	OIII	1 43207			ber, if PA		25.00
Jay S. Agranoff, Trustee Agranoff Far	nily Truct		, cg.su.	JOH 17411		·C	
Street Address		pation/Labor Organization*	Ь			Form (Cash, Check	c etc)
ou of Tipul Cas	La. Apioyan o cou	paddis babbi Organization				check	
City	State	Zip Code	М	D	Y	Amount	
	1	12000	1 .	012		, a	10.00
Full Name of Contributor	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>			ber, if PA	C	10.00
Karen McDonnel Brown							
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)		
858 S. Cassingham	, , , , , , , , , , , , , , , , , , , ,					check	
City	State	Zip Code	Тм	D	ΙΥ	Amount	
Columbus	OHI	43209	1	310			25.00
Full Name of Contributor	10111	10207		_	ber if PA	C	20.00
Robert Darwin					,		
Street Address	Employer/Occupation/Labor Organization*			-		Form (Cash, Checl	k, etc.)
185 S. Columbia Ave.	Етроуспоссиранов какое оправиланов					check	, ,
City	State	Zip Code	М	D	Y	Amount	
Columbus	OHI	43209			017		25.00
Full Name of Contributor	0111	10203			ber, if PA		
Marlene Fishel			*				
Street Address	Employer/Occur	pation/Labor Organization*	_			Form (Cash, Checl	k, etc.)
4425 Baintree Rd.				check			
City	State	Zip Code	М	D	Y	Amount	
University Heights	OHI	44118	1110	016	017		75.00
Full Name of Contributor	1	.1.			ber, if PA	C	
Roger Friedman							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check	k, etc.)
290 N. Remington Rd.		-				check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43209	1110	011	017		50.00
wind for contributions from individuals over \$100 to contribute and gen							

Page	Total	\$ 25	5	.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 appear. [R.C. 3517.10(B)(4)]