31-A
R.C. 3517.10

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							Registration Number, if PAC	
Michael Levey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2533 Bryden Rd.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	17	07		50.00	
Full Name of Contributor							Registration Number, if PAC	
Cheryl Roberto								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1927 Tewksbury							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221	09	17	07		50.00	
Full Name of Contributor							Registration Number, if PAC	
Anne Rothenberg								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
27030 Cedar Rd. Apt. 701							check	
City	State	Zip Code	M	D	Y		Amount	
Beachwood	OH	44122	09	22	07		25.00	
Full Name of Contributor							Registration Number, if PAC	
Cynthia Ruccia								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1036 Grandon Ave.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	20	07		25.00	
Full Name of Contributor							Registration Number, if PAC	
Barry Shank								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
216 S. Cassingham Rd.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	21	07		50.00	
Full Name of Contributor							Registration Number, if PAC	
Susan Shapiro								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2389 Sherwood Rd.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	21	07		20.00	
Full Name of Contributor							Registration Number, if PAC	
Carla Struble								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
855 S. Sunbury							check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	OH	43081	09	19	07		100.00	
Full Name of Contributor							Registration Number, if PAC	
Anna Vayntraub								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
123 S. Gould Rd.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	09	19	07		15.00	

* 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)}

Page Total $ 335.00