

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	ıber, if PA	C		
Yu-Fang Vaughan					,		•	
Street Address	Employer/Occu	pation/Labor Organization*		• •		Form (Cash, Check,	etc.)	
177 S. Remington Rd.		· •				check	•	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OHI	43209	019	117	017		50.00	
Full Name of Contributor Registration Number, if PAC								
Mark Wayda			1					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
130 Breevort Rd.				check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43214	019	216	017	5	00.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	C		
Barb Weckstein								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, e	etc.)	
2567 Fair Ave.						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43209		2 4		<u> </u>	25.00	
Full Name of Contributor			Registra	tion Nun	ıber, if PA	С		
Janet Helgeson								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, e	etc.)	
2382 Brentwood		<u></u>		,		check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43209	09				10.00	
Full Name of Contributor Registration Number, if PAC								
Marcy Leeds								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
341 S. Cassingham	 	Ta: 0 1	TV	T 5	1 1/	check		
City Columbia	State	Zip Code	M	D	Y OL 7	Amount	50.00	
Columbus Full Name of Contributor	OH	43209			0 7		50.00	
Maria Mone			Registra	uion nuir	iber, if PA	·C		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check,	etc.)	
	Employer/Occu	panon/Labor Organization				check	cac.j	
2091 Yorkshire Rd.	State	Zip Code	М	D	Y	Amount		
Columbus	OH I	43221		•	017		25.00	
Full Name of Contributor	10111	43221			ber, if PA		25.00	
Diane Peterson			regista	inoxi i van				
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Check, o	etc.)	
233 S. Roosevelt Ave.	Company of Company Company					check	,	
City	State	Zip Code	М	D	Y	Amount	-	
Columbus	OHI	43209	019	214	017		25.00	
Full Name of Contributor Registration Number, if PAC								
Barbara Brandt								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, e	etc.)	
2333 Brentwood Rd.					check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43209	019	213	017		50.00	
amind for contributions from individuals over \$100 to statewide and con				_	_			

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 \$ 735.00				
7.00.00	Page	Total	S	735.00