

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 Barb Weckstein						Registration Number, if PAC			
Street Address 2567 Fair Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 0	D 9	Y 0	Amount \$25.00	
Full Name of Contributor Kathy Niper						Registration Number, if PAC			
Street Address 1018 Bricker Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43221		M 0	D 9	Y 0	Amount \$25.00	
Full Name of Contributor Julie Fino						Registration Number, if PAC			
Street Address 1165 Sunnyhill Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43221		M 0	D 9	Y 0	Amount \$25.00	
Full Name of Contributor David Irwin						Registration Number, if PAC			
Street Address 333 S. Roosevelt			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 0	D 9	Y 0	Amount \$25.00	
Full Name of Contributor Joan Fishel						Registration Number, if PAC			
Street Address 2601 E. Broad St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 0	D 8	Y 2	Amount \$100.00	
Full Name of Contributor Howard Apothaker						Registration Number, if PAC			
Street Address 184 N. Merkle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 0	D 9	Y 0	Amount \$25.00	
Full Name of Contributor Mike Kelleher						Registration Number, if PAC			
Street Address 1222 Southport Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH	Zip Code 43220		M 0	D 9	Y 0	Amount \$20.00	
Full Name of Contributor Agranoff Family Trust (Cheryl Agranoff, Trustee)						Registration Number, if PAC			
Street Address 442 Woodside Lake Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 0	Amount \$15.00	

* 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 \$ **\$260.00**