

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 Suzanne Patzer						Registration Number, if PAC N/A	
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization* Columbus State Comm. College, admin.				Form (Cash, Check, etc.) Direct w/p deposit	
City Columbus	State OH	Zip Code 43205	M 0	D 1	Y 2016	Amount \$100.00	
Full Name of Contributor William J. Neill						Registration Number, if PAC N/A	
Street Address 506 Pangola Dr.		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check	
City North Ft. Myers	State FL	Zip Code 33903	M 0	D 1	Y 2016	Amount \$100.00	
Full Name of Contributor Connie Gadell Newton						Registration Number, if PAC N/A	
Street Address 1082 Fair Ave.		Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M 0	D 1	Y 2016	Amount \$50.00	
Full Name of Contributor Tekla Taylor-Lagway						Registration Number, if PAC N/A	
Street Address 5100 Kingshill Dr.		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	M 0	D 3	Y 2016	Amount \$100.00	
Full Name of Contributor Gwen Marshall						Registration Number, if PAC N/A	
Street Address 1417 Bercliff Ave.		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45223	M 0	D 4	Y 2016	Amount \$50.00	
Full Name of Contributor Suzanne Patzer						Registration Number, if PAC N/A	
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization* Cels State Comm College, admin				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 2016	Amount \$100.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Total: \$500.00