j.f Page <u>\$ 6</u>

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				
Amy Hollingsworth					,	-	
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Chec	k. etc.)
2607 E. Broad St.						check	,
City	State	Zip Code	М	D	Y	Amount	
Columbus .	ОН	43209	1110	018	0 7		100.00
Full Name of Contributor	,,				ber, if PA	c	
David Irwin							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
333 S. Roosevelt Ave.					check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43209	1 0	015	017		30.00
Full Name of Contributor		•	Registra	ation Num	ıber, if PA	c	
Matt Lampke			İ				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	k, etc.)
2447 Plymouth Ave.	1.					check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43209	1 0	01	017		25.00
Full Name of Contributor			Registra	ition Nur	iber, if PA	.c	
Deborah Leasure			<u> </u>				_
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	k, etc.)		
870 Montrose Ave.						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43209	1 0				25.00
Full Name of Contributor Registration Number, if PAC							
Amy Thompson							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
343 S. Roosevelt	<u> </u>	Ter e :	1"	T =		check	
City	State	Zip Code	M	D	Y	Amount	20.00
Columbus Full Name of Contributor	OH	43209	1 0			<u></u>	20.00
F —			Kegistra	תשא מסנוו	iber, if PA	.C	
Susan Zanner							۱ ۱
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Chec	к, ас.)
316 S. Roosevelt Ave.	State	Zip Code	М	D	ΙΥ	check Amount	
Columbus	OH	43209			017		50.00
Full Name of Contributor	TOH	43209			ber, if PA		50.00
Vicki Hilbrands		•	Registra	mon rem	ibei, ii i A	C	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Chec	k etc)
2619 E. Broad St.	supposition of the same of the					check	
City	State	Zip Code	Тм	D	ΤΥ	Amount	
Columbus	OH	43209	019	310	017		25.00
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
		-				1	
City	State	Zip Code	М	D	Y	Amount	
	1 1						j
agriculture from individuals over \$100 to statewide and per	1 11	. 10 3 1 10				r.)	

* 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 \$	275.00