

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 Kathy Wallace						Registration Number, if PAC			
Street Address 1351 Glenn Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43212		M 1	D 2	Y 0	Y 6	Amount \$25.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
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City		State OH	Zip Code		M	D	Y	Amount	
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City		State OH	Zip Code		M	D	Y	Amount	

* 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 \$ **\$25.00**

