31-E R.C. 3517.10(B)

Event Date	8/7/18
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

CITIZENS SUPPO									
	RTING WHITEHA	ALL SCHOO	DLS	,					
nll Name of Contributor T-SHIRT SALE - CONTRIBUTORS OF \$25 OR LESS					Registration Number, if PAC				
Street Address	ON I KIBU I OKS C		M D Y Amount						
			pation/Labor Organization*	0 8	0   7		Amount	1,215.00	
City		State	Zip Code	1 `	ash,Chec	, ,			
C. II V CCt-7t-					CASH & CKS Registration Number, if PAC				
Full Name of Contributor				Registra	ition Nun	nber, if P	AC		
Street Address		Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount		
City		State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor				Registra	tion Nun	nber, if P.	AC		
Street Address		Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount		
City		State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
Full Name of Contributor				Registra	tion Nun	nber, if P	AC		
Street Address	· · · · · · · · · · · · · · · · · · ·	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
City		State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name of Contributor				Registra	tion Nun	nber, if P	AC		
Street Address		Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount		
City		State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name of Contributor				Registra	tion Nun	nber, if P	AC		
Street Address		Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount		
City		State	Zip Code	Form(Ca	ash,Chec	k,etc)			
•					•				
rull Name of Contributor					Registration Number, if PAC				
			Employer/Occupation/Labor Organization*		<del></del>				
Street Address		Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		