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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full								
Lisa Whiting for School Board Full Name of Contributor					Registration Number, if PAC			
See Attached Spreadsheet			Region	acion iva	111001, 11	, AC		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 1,525.00		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occ	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/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
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City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
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City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
actived for contributions from individuals over \$100 to state	auda and nanaral and	amalalis annalidadan 16 anna	ributor is salf	omnlove	od the o	counction and the name of th		

Page Total \$ 1.525.00

^{*} 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 labo organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]