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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			····					
CITIZENS SUPPORTING WHITEHALL SCHOOLS								
Full Name of Contributor			Registration Number, if PAC					
DAVID HAUSMANN						,		
Street Address	Employe	г/Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.	z.)
427 ROSS RD							CHECK	
City	Sta	ate	Zip Code	М	D	Y	Amount	
WHITEHALL	0	Н	43213	0 8	1 6	1 8	12	5.00
Full Name of Contributor Registration Number, if PAC								
LAURA AMBERG								
Street Address	Employe	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1470 DENBIGH DR							CHECK	
City	Sta		Zip Code	М	D	Y	Amount	
COLUMBUS	0	Н	43220		1 7			0.00
Full Name of Contributor				Registr	ation Nun	nber, if PA	C	
MALLORY FANNIN		10		<u> </u>				
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Check, etc	;.)
187 W SCHREYER PL			In: (1)	T		T	CHECK	
	Sta	ate H	Zip Code	M	D	Y	Amount	0.00
COLUMBUS Full Name of Contributor	O	11	43214		1 6			0.00
Street Address	CHRYSTAL MIZER eet Address					-		
500 W PROSPECT RD, APT 151	Employer/Occupation/Labor Organization				CHECK			
City	Sta	ate	Zip Code	Тм	D	ΤΥ	Amount	
FORT COLLINS		U	80526	1	1 7			0.00
Full Name of Contributor			00320			nber, if PA		0.00
JACKIE LYNN HAGER COMPANY						,		
Street Address	Employe	r/Occupa	ntion/Labor Organization*	L	-		Form (Cash, Check, etc.	z.)
2520 MCVEY BLVD W			_				CHECK	
City	Sta	ate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	Н	43235	0 8	2 2	1 8	250	0.00
Full Name of Contributor				Registra	ation Nun	nber, if PA	С	
MARK TRACE								
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc	;.)
385 BRIARWOOD DR							CHECK	
City	Sta		Zip Code	М	D	Y	Amount	
WHITEHALL	0	Н	43213			1 8		0.00
Full Name of Contributor				Registra	ation Nun	ber, if PA	С	
STEPHEN MCAFEE	To to	-10		<u> </u>			F (0.1.0)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc	<i>:.)</i>			
1290 CAMBRIDGE PL	Sta	ate	Zip Code	М	D	ΤΥ	PAYPAL Amount	
CIRCLEVILLE	0	Н	43213	0 8				5.00
Full Name of Contributor			43213			nber, if PA		5.00
TY DEBEVOISE								
Street Address	Employe	г/Оссира	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc	z.)
794 EDDYSTONE AVE		•	-				PAYPAL	
City	Sta	ate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	Н	43224	0 8	2 3	1 8	100	0.00
equired for contributions from individuals over \$100 to statewide and gene	eral assemb	ly candid						

Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 \$	1,080.00