War.

Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full						~
Name of Committee in Full City Schools Full Name of Contributor Nhoda Hallman Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City Stake Zip Code M D Y Amount						
Full Name of Contributor			Registrati	on Num	ber, if PA	.C
Rhoda Hallman						
Street Address	Employer/Occupati	on/Labor Organization°				Form (Cash, Check, etc.)
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City Hilliard	Stake OH		}	D	Y	Amount 47. —
Full Name of Contributor	OH	43026	10		09	41.
Full Name of Contributor Registration Number, if PAC						
Enily A Guy Street Address 356 Tiber Nd City Columbus						
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Full Name of Contributor		15202	10	119	09	
Full Name of Contributor Registration Number, if PAC						
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City	State	Zip Code	М	D	М	Amount
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Full Name of Contributor			Registrat	ion Num	ber, if PA	AC
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City	State	Zip Code	М	D	Y	Amount
	ОН			***************************************		SECONDARY SECOND
Full Name of Contributor			Registrat	ion Num	ber, if Pa	AC
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City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor Registration Number, if P					AC .	
Street Address Employer/Occupation/Labor Occupation* From (Cash Check etc.)						
Street Address	Employer/Occupat	ion/Labor Organization°				Form (Cash, Check, etc.)
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Cay	OH	Zip Code	IVI	D	M	Amount
Full Name of Contributor			Registrat	ion Num	her if P	A.C.
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Street Address	Employer/Occupat	ion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	M	Amount
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Full Name of Contributor Registration Number, if PA						AC
Street Address	Employer/Occupat	ion/Labor Organization®	Bennesenmen	AND DESCRIPTION OF THE PARTY OF		Form (Cash, Check, etc.)
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City	State	Zip Code	M	D	Y	Amount
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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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$0.00