

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							harri Manusua		
Whitehall Schools Levy Committee									
Full Name of Contributor						tion Nu	mber,	if PA	С
Ruscilli Construction Co., Inc.	·				and the same of th	***************************************		1000 and	
Street Address	Employe	r/Occupa	tion/Labor Organization						Form (Cash, Check, etc.)
2041 Arlingate Ln									Check
City	1	ate	Zip Code	M		D	1	Y	Amount
Columbus	0	Н	43228	0	Commence	AND DOWNSON OF THE PARTY OF THE		8	2,000.00
Full Name of Contributor Registration Number, if PAC									
Robert W Baird and Co., Inc.									
Street Address	Employe	r/Occupa	tion/Labor Organization						Form (Cash, Check, etc.)
777 E. Wisconsin Ave									Check
City	1	ate	Zip Code	M		D	1	Y	Amount
Milwaukee	W	1	53202	0	oincerease and a second	Description of the last of the	and the same of th	8	2,000.00
Full Name of Contributor				Reg	istrat	tion Nu	mber,	if PA	С
Jan Carlson							<u>KANONANANAN</u>	M2000000000000000000000000000000000000	
Street Address	Employe	r/Occupa	tion/Labor Organization						Form (Cash, Check, etc.)
3480 Rive Landings Blvd									Check
City	St	ate	Zip Code	M		D	- 1	Y	Amount
Hilliard	0	Н	43026	management of the second	CONTRACTOR OF THE PARTY OF THE	1 (-	8	25.00
Full Name of Contributor			 _	Reg	istrat	tion Nu	mber,	if PA	С
Diane Robinson					rate excessions.		04100000000000000000000000000000000000	unica veneza	
Street Address	Employe	r/Occupa	tion/Labor Organization						Form (Cash, Check, etc.)
880 Hines Rd			_						Check
City	1 _	ate	Zip Code	M		D	1	Y	Amount
Gahanna		H	43230	THE REAL PROPERTY.	HERMICOCCCCO	1 (CONTRACTOR CONTRACTOR	8	100.00
Full Name of Contributor				Reg	gistrat	tion Nu	mber,	ifPA	С
Katie Windham									
Street Address	Employer/Occupation/Labor Organization								Form (Cash, Check, etc.)
6097 Brienne Court			*			,			Check
City	1	ate	Zip Code	M		D	- 1	Y	Amount
Hilliard		Н	43026	ALCON DESIGNATION OF THE PERSON OF THE PERSO	or Common or	1 (AND DESCRIPTION OF THE PERSON	8	25.00
Full Name of Contributor				Reg	gistra	tion Nu	mber,	, if PA	C
Charles Yator							***********		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check,			
596 Laurel Dr			la: a l						Cash
City	ŀ	ate	Zip Code	\int_{1}^{M}		D	- 1	Y	Amount
Pataskala	10	H	43026	mana (years access	at constructions	1 (OTHER DESIGNATION OF THE PERSON NAMED IN COLUMN	ACCRECATE CONTRACTOR	20.00
Full Name of Contributor				Reg	gistra	tion Nu	mber,	, if PA	C
Tom Will	Ir. i	-/0	1'- K-1O ''		MATERIA DE LA MATERIA DE L L'ALTRE DE LA MATERIA DE L	vice - marking			
Street Address	Employe	er/Occupa	ation/Labor Organization						Form (Cash, Check, etc.)
6903 Fleu Dr	1		Ia: 0 1			1	_	* 7	Cash
City	1	ate	Zip Code	l M		D	1	Y	Amount
Westerville Full Name of Contributor	10	H	43082	1	-	and the second second		8	2 12 1 C 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				Keg	gistra	tion Nu	mber,	, II PA	·C
Mark Paessun Street Address	Emile	w/Oa	tion/Labon Onein-ti			ATTENTED STATES	distriction of the second	***************************************	Francisco (Carlo Classica)
	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			
743 Old Farm Rd	0.		Zin Codo	 ,	,	T 75		X/	Check
Colors loss		ate	Zip Code	N 1		D		Y Marie	Amount
Columbus	0	H	43213	1	10	1 (υlO	1 8	100.00

* Required for contributions 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 4,310.00