## Page <u>2/3</u>

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full  | CAS YATE                                | . s %  | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |          |                             |   |  |  |  |  |
|--|---|--|---------------------------------------|----------|-----------------------------|---|--|--|--|--|
| The Committee For The Positive Future Of Whitehall                       |   |  |                                       |          | Registration Number, if PAC |   |  |  |  |  |
| Full Name of Contributor  BRENT & RHONDA HOWARD                          |   |  |                                       | vegisi   | шанс                        | on ismin  | oci, 11 P  | .C   |  |  |
| Street Address   | Employer/Oc                             | cupa   | tion/Labor Organization*              |          | Marianton                   |   |  | Form (Cash, Check, etc.)   |  |  |
| 348 CUMBERLAND DR  | 1,                                      | , , , , , , , , , , , , , , , , , , ,  |                                       |          |                             |   |  | CK   |  |  |
| City   | State                                   |  | Zip Code                              | М        | Т                           | D   | Y  | Amount   |  |  |
| WHITEHALL  | 0 1                                     | -1   | 43213                                 | 1        |                             | 1 5   | 0 9  | 100.00   |  |  |
| Full Name of Contributor   |   |  |                                       |          |                             | Registration Number, if PAC   |  |  |  |  |
| ANONYMOUS SIGN DONATIONS 24 @ \$5.00                                     |   |  |                                       |          |                             |   |  |  |  |  |
| Street Address   | Employer/Oc                             |  |                                       |          |                             | Form (Cash, Check, etc.)  CASH  |  |  |  |  |
| City   | State                                   |  | Zip Code                              | М        | T                           | D   | Y  | Amount   |  |  |
| WHITEHALL  |   | -1.  | 43213                                 |          |                             | 2 0   |  |  |  |  |
| Full Name of Contributor   |   |  |                                       | Regist   | tratio                      | on Num  | ber, if P/   | AC   |  |  |
| IBEW COPE  |   |  |                                       | <u> </u> |                             | ·   |  |  |  |  |
| Street Address   | 1                                       | Employer/Occupation/Labor Organization*  |                                       |          |                             |   |  | Form (Cash, Check, etc.)   |  |  |
| 900 SEVENTH ST NW  | IBEW                                    |  |                                       |          | -                           |   |  | <u>CK</u>  |  |  |
| City   | State                                   |  | Zip Code                              | M        |                             | D   | Y  | Amount   |  |  |
| WASHINGTON   |   |  | 200001                                |          | distantian                  | 2 1   | 0 9  |  |  |  |
| 1                                  |   |  |                                       |          |                             | on Num  | ber, if PA   | AC.  |  |  |
| MIKE & JAYNE SHANNON   | Employer/Occupation/Labor Organization* |  |                                       |          | Form (Cash, Check, etc.)    |   |  |  |  |  |
| Street Address   | 1                                       | <b>,</b>   |                                       |          |                             | CK  |  |  |  |  |
| 5166 ETNA<br>City  | State                                   | /IXI.  | VEY & TEACHER Zip Code                | М        | Т                           | D   | Y  | Amount   |  |  |
| WHITEHALL  | 1                                       | Н  | 43213                                 |          | ٥١                          | 2   3   | ŧ  |  |  |  |
| VV FILLEFLALL Full Name of Contributor                                   | 1 4 1 3                                 |  | 1 10410                               |          |                             | CONTRACTOR OF THE PARTY OF THE | - Constitution of the Cons | and the companies of th |  |  |
| Full Name of Contributor Registration Number, if PAC  ALEX & KIM MAGGARD |   |  |                                       |          |                             |   |  |  |  |  |
| Street Address   | Employer/Oc                             |  |                                       |          |                             | Form (Cash, Check, etc.)  |  |  |  |  |
| 600 LINK RD  | ,,                                      | ,  |                                       |          |                             | CK  |  |  |  |  |
| City   | State                                   |  | Zip Code                              | M        | Т                           | D   | Y  | Amount   |  |  |
| WHITEHALL  | 0 1                                     | 1  | 43213                                 | 7        | 7                           | 1   1   | 0   9  | 100.00   |  |  |
| Full Name of Contributor   |   | inneglisedenin   |                                       | Regis    | trati                       | on Num  | ber, if Pa   |  |  |  |
| IIM & MARIE GRAHAM   |   |  |                                       |          |                             |   |  |  |  |  |
| Street Address   | Employer/O                              |  |                                       |          |                             | Form (Cash, Check, etc.)  |  |  |  |  |
| 644 GREENWOOD RD   |   |  |                                       |          |                             |   |  | CK   |  |  |
| City   | State                                   |  | Zip Code                              | M        | T                           | D   | Y  | Amount   |  |  |
| WHITEHALL  |   | H  | 43213                                 |          |                             | 0   1   |  |  |  |  |
| Full Name of Contributor   | ne of Contributor Regi                  |  |                                       |          |                             |   | Legistration Number, if PAC  |  |  |  |
| Street Address   | Employer/Oc                             |  |                                       |          |                             | Form (Cash, Check, etc.)  |  |  |  |  |
| City   | State                                   |  | Zip Code                              | M        | T                           | D   | Y  | Amount   |  |  |
|  |   | SOLONO LINEAR DE LA CONTRACTOR DE LA CON |                                       |          |                             | > ·   | h '67  | A.C.   |  |  |
| Full Name of Contributor Registration Number,                            |   |  |                                       |          |                             |   | wer, if P  | ~L   |  |  |
| Street Address   | Employer/Occupation/Labor Organization* |  |                                       |          |                             |   |  | Form (Cash, Check, etc.)   |  |  |
| City   | State                                   |  | Zip Code                              | М        |                             | D   | Y  | Amount   |  |  |
|  |   |  |                                       | بلبيا    |                             |   | بلبل   |  |  |  |

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 920.00