

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	***************************************		***************************************	***************************************			
Whitehall Schools Levy Committee							
Full Name of Contributor			Registra	tion Numl	per, if PA	C	
Michelle Zugaro			registra		, 11 1 7 1		
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc	c.)
1635 Minturn						Cash	′
City	State	Zip Code	M	D	Y	Amount	
New Albany	O H	43213	0 9	2 6	0 8		7.00
Full Name of Contributor	***************************************			tion Numl		AND THE PROPERTY OF THE PROPER	
Kasey Burt							
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc	c.)
2872-B Sherwood Rd						Cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43209	0 9	2 6	0 8		7.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	SALO TRANSPORTATION AND ADDRESS OF THE PARTY
Bkythe Wood							
Street Address	Employer/Occu	ipation/Labor Organization				Form (Cash, Check, etc	c.)
385 Cumberland Dr						Cash	
City	State	Zip Code	M	D	Y	Amount	
Whitehall	O H	43213	0 9		0 8		7.00
Full Name of Contributor			Registra	ition Num	ber, if PA	С	
Leslie La Corte							Marana and Angel
Street Address	Employer/Occi	ipation/Labor Organization				Form (Cash, Check, etc	c.)
5166 Etna Rd				•	1	Check	
City	State	Zip Code	M	D	Y	Amount	
Whitehall	O H	43213	0 9		A CONTRACTOR SERVICE STATE	Contract of the Contract of th	4.00
Full Name of Contributor			Registra	ition Num	ber, if PA	С	
Shirley Drake	T= 1			***************************************			
Street Address	Employer/Occi	ipation/Labor Organization				Form (Cash, Check, etc.	c.)
4415 Kumler	Ct-t-	7:- C- 1-	1 37	T D	Y	Cash	
City	State	Zip Code	M	D		Amount 1	6.00
Whitehall Full Name of Contributor	IO H	43213	0 9	partier communication communi	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	CONTRACTOR OF THE PROPERTY OF	6.00
	Registration Number, if PAC						
Bobby Rafferty Street Address	Employer/Occ	pation/Labor Organization			//	Form (Cash, Check, etc	·c)
625 S Yearling Rd	Employer/Occi	apation/Eaoor Organization				Cash	C. j
City	State	Zip Code	М	D	Y	Amount	
Whitehall	OH	1 -		2 6			7.00
Full Name of Contributor		40210		ation Num			7.00
Judy Meloy			, and a			.•	
Street Address	Employer/Occi	upation/Labor Organization	L			Form (Cash, Check, et	c.)
7276 Poppy Hills Ct						Check	′
City	State	Zip Code	M	D	Y	Amount	
Blacklick	OH	1 -		0 6			7.00
Full Name of Contributor		COLUMN TO THE		ation Num		C	
Mary Mouzon							
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, et	ic.)	
689 Berhnard Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
Whitehall	ОН	43213	1 0	0 6	0 8	1	18.00
				CONTRACTOR OF THE PARTY OF THE		**************************************	**************************************

* 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 \$ _____83.00