R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

		<u> </u>			
Name of Committee in Full	_				
Committee to Elect Donald School	nhardt				
Full Name of Contributor			Registration Number, i	f PAC	
PAULS. COPPEL	_				
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
310 WILDWOOD COURT	ŀ			CHECK	
City	State	Zip Code	M D	Y Amount	
GAHANNA	OIH	43230	0 3 2 3 3	1 0 100.00	
Full Name of Contributor			Registration Number, i		
SMITH & HALE LLC - GLEN DI	UGGER				
Street Address		ation/Labor Organization		Form (Cash, Check, etc.)	
37 WEST BROAD STREET	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>		CHECK	
City	State	Zip Code	M D	Y Amount	
COLUMBUS	OTH			1 0 100.00	
Full Name of Contributor	10 11	40210	Registration Number, it		
			e zeogostadon tramoci, s	1110	
LEAH CARLETON	Ir1	ation IT also a Changain ation		Form (Cash, Check, etc.)	
Street Address	Employer/Occup	ation/Labor Organization			
5126 CAVALIER DR		12: 6.1		CHECK	
City	State	Zm Code		Amount	
HILLIARD	O H	43026		1 0 100.00	
Full Name of Contributor		01/2021/04/0	Registration Number, if	PAU	
CONTRIBUTIONS IN OFFICEHO					
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
			·		
City	State	Zip Code	M DI	Amount	
				300.00	
Full Name of Contributor			Registration Number, i	I PAC	
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M D	Y Amount	
	1				
Full Name of Contributor	<u>'</u>	-	Registration Number, it	f PAC	
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
,	' ' '	•		+	
City	State	Zip Code	M D	Y Amount	
CRY		Jap 5000			
Full Name of Contributor			Registration Number, it	f PAC	
Lan Maine or Courtingtor.			registration transcer, in		
66 2 4 73	[F110	ation/Labor Organization		Form (Cash, Check, etc.)	
Street Address	Employerroccup	attonir.Lauter o ryanization		TOTITY CASH, CHECK, CIC.)	
		Ta: C 1	LW LN T	T durant	
City	State	Zip Code	M D	Amount	
		_			
Full Name of Contributor			Registration Number, it	IPAC	
	<u>.</u>				
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
_					
City	State	Zip Code	M D	Y Amount	
* Required for contributions over \$100 to statewide and general assemb	lu a vadidatas. If contrabutor is s	W-monlayed accuration wathon	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, it any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 600.00