

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

		200227000000000000000000000000000000000	/11100 page 1010 pag			The state of the s	<del>Various de la constantina del constantina de la constantina de la</del>	
Name of Committee in Full	nittoe	- CHEST AND THE PROPERTY OF TH						
Whitehall Schools Levy Committee Full Name of Contributor				Registration Number, if PAC				
Kathy Rauchenstein			Logistiatic	(uiiiti	, 11 I A	-		
Street Address	Employer/Occum	Employer/Occupation/Labor Organization			1	Form (Cash, Cl	heck, etc.)	
223 James Rd	2.mpioy oi/ Goodp	Zimple) the strapation should be spanned to				Cash		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH	43230			0 8		10.00	
Full Name of Contributor			Registration			C		
Kelly Harper				_				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Cl	heck, etc.)	
8906 Betony Ct								
City	State	Zip Code	М	D		Amount		
Reynoldsburg	O H	43068			0 8	100000000000000000000000000000000000000	10.00	
Full Name of Contributor					Registration Number, if PAC			
Bricker and Eckler LLP Stae Political Action Committee			OH-	OH-821				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
100 S. Third St			1			Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Columbus	I O I H	43215		1 0	0 8		100.00	
Full Name of Contributor			Registrati	ion Numt	per, if PA	·		
Judith Hinckley	In. 1 0	nation/I shor O-serie-4		American and the		Form (Cast C	heck etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Form (Cash, C	neck, etc.)	
5101 Etna Rd	Corr	Zip Code	M	D	Y	Check Amount		
City IA/hitahall	State O H	43213			0 8	, milount	100.00	
Whitehall Full Name of Contributor	ОП	1 43213	1 0 Registrati			C	100.00	
			registiati	rauiill	, 11 I'M	~		
Suellen Fitzwater Street Address	Employer/Occur	Employer/Occupation/Labor Organization				Form (Cash, C	'heck, etc.)	
5760 Lee High Cir	Zanproyer/Occup	Employer/Occupation Laudi Organization			Check			
City	State	Zip Code	M	D	Y	Amount	***************************************	
Nashport	OH	43830	1 1	1 0	1 1		50.00	
Full Name of Contributor			Registrati			C		
Laura McClellan Amberg			_					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
886 Inwood Pl							Check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43224	10	1 0	0 8		100.00	
Full Name of Contributor			Registrati	*******************	CONTRACTOR CONTRACTOR			
Amalee Soteriades					-		No. of the last of	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
245 Fairway Blvd						Check		
City	State	Zip Code	M	D	Y	Amount	٠. حديد	
Whitehall	O   H	43213		1 0	al annual contraction of	A STATE OF THE PARTY OF THE PAR	100.00	
Full Name of Contributor	<del></del>		Registrat	non Num	ber, if PA	AC		
Tim Penton	<b>1.</b>	The state of the s			Management of Assas Control	T	Na a 1	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
257 Westwood		Zin Cada	1,71		T V	Cash		
Calumilana	State	Zip Code	M	D	Y	Amount	7.00	
Columbus	O   H	43214	0 9	2 6	0 8		7.00	

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

Page Total \$ 477.00

<sup>\*</sup> 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