

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
CITIZENS SUPPORTING WHITEHALL SCHOOLS									
Full Name of Contributor						Registration Number, if PAC			
STEPHEN MCAFEE									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1290 CAMBRIDGE PLACE							CHECK		
City		State		Zip Code		M	D	Y	Amount
CIRCLEVILLE		O   H		43113		0   7	2   9	1   8	125.00
Full Name of Contributor						Registration Number, if PAC			
BRIAN HAMLER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
203 BROOKHILL DR							CHECK		
City		State		Zip Code		M	D	Y	Amount
GAHANNA		O   H		43230		0   8	0   1	1   8	200.00
Full Name of Contributor						Registration Number, if PAC			
ANNA SHULTZ									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5023 DORAL AVE							CHECK		
City		State		Zip Code		M	D	Y	Amount
WHITEHALL		O   H		43213		0   8	0   9	1   8	109.00
Full Name of Contributor						Registration Number, if PAC			
DOUGLAS SHOEMAKER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5566 ULRY RD							CHECK		
City		State		Zip Code		M	D	Y	Amount
WESTERVILLE		O   H		43213		0   8	1   0	1   8	100.00
Full Name of Contributor						Registration Number, if PAC			
AUSTIN TAYLOR									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
169 LOCUST CURVE DR							CHECK		
City		State		Zip Code		M	D	Y	Amount
DELAWARE		O   H		43015		0   8	1   4	1   8	100.00
Full Name of Contributor						Registration Number, if PAC			
LISA MILLER									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5951 CENTRAL PARK DR							CHECK		
City		State		Zip Code		M	D	Y	Amount
COLUMBUS		O   H		43231		0   8	1   6	1   8	100.00
Full Name of Contributor						Registration Number, if PAC			
WILLIAM HUGHETT									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7618 GLENMORE DR							CHECK		
City		State		Zip Code		M	D	Y	Amount
POWELL		O   H		43065		0   8	1   6	1   8	100.00
Full Name of Contributor						Registration Number, if PAC			
MCQUATE BROKERAGE SERVICES INC									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5905 GREEN POINTE DR S STE E							CHECK		
City		State		Zip Code		M	D	Y	Amount
GROVEPORT		O   H		43125		0   8	1   6	1   8	500.00

\* 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)]