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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

V			······································					
Name of Committee in Full CITIZENIC CUIDDODTINIC MALITTELIA I I CCLIOOI C								
	CITIZENS SUPPORTING WHITEHALL SCHOOLS [Employer, Occupation, Labor Organization * Registration Number, if PAC							
Full Name of Contributor BLYTHE WOOD	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Decorie	tion of Ita-	n or Service	M	D	Y	Fair Market Value	
385 CUMBERLAND DRIVE	Descrip		EE SHIRTS	$0 \mid 7$		$1 \mid 8$	230.00	
City	- c		Zip Code		d at Fundr			
WHITEHALL		Н	43213		YES		☑NO	
Full Name of Contributor			ation, Labor Organization *	Registra	tion Numl	ber, if PA		
JEFFREY & DAVONA LEES			<u> </u>	1	_			
Street Address		Description of Item or Service		М	M D Y Fair Market Value			
446 HEATHERHILL		LUNCH SUPPLIES		0 8			171.34	
City	S		Zip Code	Receive	d at Funds	aising Ev		
WHITEHALL	0	H	43213		YES		NO	
Full Name of Contributor	Employ	er, Occupa	ation, Labor Organization *	Registra	tion Num	ber, if PA	С	
JEFF STEWART								
Street Address	Descrip		m or Service	M	D	4 - 1	Fair Market Value	
999 ROSE PL	1		SERVICES	0 9				
City	S		Zip Code		d at Fundi	raising Ev		
WHITEHALL	10	H	43213		YES	h ar 10-	✓ NO	
Full Name of Contributor	Employ	er, Occupa	ation, Labor Organization *	Registra	tion Num	per, if PA	C.	
ESCHOOLVIEW	ļ			+	T =		Fair Market Value	
Street Address			m or Service	M	D		Fair Market Value	
240 N 5TH ST, SUITE 200			ITE SERVICES	0 8			500.00	
COLUMBIC	S	tate H	Zip Code 43215	_	d at Fundi YES	ausing Ev	vent? ✓ NO	
COLUMBUS ENL Norman of Contributor	Em-1		43215 ation, Labor Organization *		tion Num	her if DA		
Full Name of Contributor	Employ	er, Occupa	auon, Labor Organization *	registr	mon ivain	, II PA		
H R IMAGING Street Address	Decorie	tion of Ita-	n or Service	H _M	D	Y	Fair Market Value	
Street Address 560 SUNBURY RD #5	Description of Item or Service		ANNERS		1 5		300.00	
	+		Zip Code		d at Fund			
City DELAWARE	ا ا	H	43015		YES		NO	
Full Name of Contributor	Employ		ation, Labor Organization *	Registra	ation Num	ber, if PA		
LE THERE OF COMMENTAL	Employer, Occupation, Early Organization							
Street Address	Descrin	tion of Ite	m or Service	М	D	Y	Fair Market Value	
		110					ļ	
City	S	State	Zip Code	Receive	d at Fund	raising Ev	/ent?	
	`		1	1 C	YES		NO	
Full Name of Contributor	Employ	er, Occupa	ation, Labor Organization *	Registra	ation Num	ber, if PA	C	
	1	_						
Street Address	Descrip	tion of Ite	m or Service	М	D	Y	Fair Market Value	
City	S	State	Zip Code	Receive	d at Fund	raising Ev		
					YES		NO	
Full Name of Contributor	Employ	er, Occup	ation, Labor Organization *	Registra	ation Num	ber, if PA	AC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
			44		سلبا	L		
City	5	State	Zip Code	Receive	ed at Fund	raising Ev		
		<u></u>			YES		∐NO	

* Required for contributions form individual 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$	1,451.34