

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Whitehall Schools Levy Committee												
Full Name of Contributor Amy Back						Registration Number, if PAC						
Street Address 5111 Cherryblossom Way			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 1 1		D 0 8		Y 0 8		Amount 20.00
Full Name of Contributor Katie Windham						Registration Number, if PAC						
Street Address 6097 Brienne Ct			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check					
City Hilliard		State O H		Zip Code 43026		M 1 1		D 0 8		Y 0 8		Amount 25.00
Full Name of Contributor Margaret Bush						Registration Number, if PAC						
Street Address 2831 Medina Ave			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43224		M 1 1		D 0 8		Y 0 8		Amount 50.00
Full Name of Contributor Sara Levitt						Registration Number, if PAC						
Street Address 381 Preswicke MI			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check					
City Blacklick		State O H		Zip Code 43004		M 1 1		D 0 8		Y 0 8		Amount 50.00
Full Name of Contributor Peggy Geyer						Registration Number, if PAC						
Street Address 675 S. Yearling Rd			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Cash					
City Whitehall		State O H		Zip Code 43213		M 1 1		D 0 8		Y 0 8		Amount 20.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
						1 0		2 9		0 8		520.00
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount

* 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 \$ 685.00