Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	***************************************					-		Terk market m
Whitehall Schools Levy Committee								
Il Name of Contributor					Registration Number, if PAC			
Amy Back				1 3.5				
Street Address	Employer/	Occupa	tion/Labor Organization		***************************************		Form (Cash, Check	ι, etc.)
5111 Cherryblossom Way		• "					Check	
City	State	е	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	1 1	0 8	0 8		20.00
Full Name of Contributor				and the same of th		ber, if PA	C	
Katie Windham								
Street Address	Employer/	Occupa	tion/Labor Organization				Form (Cash, Check	c, etc.)
6097 Brienne Ct			V		·		Check	
City	Stat		Zip Code	M	D	Y	Amount	6
Hilliard	0	Н	43026	11	and the second			25.00
Full Name of Contributor				Kegistra	tion Num	ber, if PA	C	
Margaret Bush	I Committee	Occi	tion/Labor O		(Martin Control Control Control		Form (C1 C)	· oto \
Street Address	Employer/	ation/Labor Organization				Form (Cash, Check, etc.)		
2831 Medina Ave	State	e	Zip Code	М	D	Y	Check Amount	
Columbus	OState	e H	43224	$\begin{bmatrix} M \\ 1 \end{bmatrix}$ 1	0 8	1 1	. mount	50.00
COLUMBUS Full Name of Contributor		- +	I TU44T		THE RESERVE OF THE PERSON	ber, if PA	C	50.00
Sara Levitt						-, 23		
Street Address	Employer/	Occupa	ation/Labor Organization		7-11-1-11-11-11-11-11-11-11-11-1		Form (Cash, Check	ς, etc.)
381 Preswicke Ml	'	<u> </u>				Check	•	
City	Stat	e	Zip Code	M	D	Y	Amount	
Blacklick	0	Н	43004	1 1	0 8	0 8		50.00
Full Name of Contributor				THE RESIDENCE OF THE PARTY OF T	Charles and Committee of the Committee o	ber, if PA	Continuous superioris de la contraction de la co	THE STREET STREET, STR
Peggy Geyer						mare	DANIEL ZERO WATER	
Street Address	Employer/	Occupa	ation/Labor Organization				Form (Cash, Checl	k, etc.)
675 S. Yearling Rd							Cash	
City	Stat		Zip Code	M	D	Y	Amount	
Whitehall	0	Н	43213	$1 \mid 1$	0 8	and the second second second	Charge the contract of the con	20.00
Full Name of Contributor Registration Number, if PAC								
Contributions from form No. 31-E								
Street Address	Employer	ation/Labor Organization				rorm (Cash, Check	Form (Cash, Check, etc.)	
City	Stat	<u></u>	Zin Code	N/	D	Y	Amount	
City	Stat	.0	Zip Code	$\begin{bmatrix} M \\ 1 \end{bmatrix}$	1	$\begin{vmatrix} \mathbf{v} \\ 0 \end{vmatrix} 8 \end{vmatrix}$		520.00
Full Name of Contributor	1					ber, if PA		520.00
- IIII or common				gistië		, 11 f A		
Street Address	Employer/	Occupa	ation/Labor Organization		***************************************		Form (Cash, Chec	k, etc.)
			<u>.</u>				, , , , , , , , , , , ,	,
City	Stat	e	Zip Code	М	D	Y	Amount	
				a de la companya de l				
Full Name of Contributor Registration Number, if PAG							.C	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Chec	k, etc.)	
City	Stat	e	Zip Code	М	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