

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS SUPPORTING WHITEHALL SCHOOLS									
Full Name of Contributor SHIRLEY DRAKE						Registration Number, if PAC			
Street Address 4415 KUMLER DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City WHITEHALL		State O   H		Zip Code 43213		M   D   Y 0   8   2   4   1   8		Amount 70.00	
Full Name of Contributor BRICKER & ECKLER LLP, STATE PAC						Registration Number, if PAC #OH821			
Street Address 100 S THIRD ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O   H		Zip Code 43215		M   D   Y 0   8   2   7   1   8		Amount 250.00	
Full Name of Contributor BRADLEY PAYNE LLC						Registration Number, if PAC			
Street Address 171 MONTCLAIR AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City CIRCLEVILLE		State O   H		Zip Code 43113		M   D   Y 0   8   3   0   1   8		Amount 500.00	
Full Name of Contributor WHITEHALL EDUCATION FOUNDATION						Registration Number, if PAC			
Street Address 625 S YEARLING RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WHITEHALL		State O   H		Zip Code 43213		M   D   Y 0   8   3   1   1   8		Amount 500.00	
Full Name of Contributor RUSCILLI CONSTRUCTION						Registration Number, if PAC			
Street Address 5000 ARLINGTON CENTRE BLVD ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O   H		Zip Code 43230		M   D   Y 0   9   0   6   1   8		Amount 2,000.00	
Full Name of Contributor HEARTLAND BANK						Registration Number, if PAC			
Street Address 850 N HAMILTON RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GAHANNA		State O   H		Zip Code 43230		M   D   Y 0   9   1   0   1   8		Amount 1,000.00	
Full Name of Contributor CHRISTOPHER HARDY						Registration Number, if PAC			
Street Address 5850 DAISY TRAIL DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GROVE CITY		State O   H		Zip Code 43123		M   D   Y 0   9   2   0   1   8		Amount 100.00	
Full Name of Contributor SARA ALLEN						Registration Number, if PAC			
Street Address 6040 WEEPING ROCK			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City LEWIS CENTER		State O   H		Zip Code 43035		M   D   Y 0   9   2   4   1   8		Amount 499.00	

\* 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)]