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•	Ri Ri	SANKLIS MARO DE S	(, CPrescribed by Se	cretary of State	3/05			
Full Name of Committee  WHITEHALL  Full Name of Candidate			FOR INFOR			I -	ation Number	. if PAC
NoNE Street Address		21.5			Office Sought		Di	strict
1120 FAIRL		STAD		<del></del>		State	Zip Code	
Type of Report as 1 1 1	Pre-Prin	ian:	Post-Primary		Pre-General	OH	,	213 X   Annual Year X   2015
place X to the left of report	July Monthly		August Monthly		September Monthly	Post-G		Semiannual
Amended Report?	₹No	Report Electroni	cally filed?		lection	M	D	Y
For candidates only, during an entheck box. No other forms are	required at a post-	primary or post-g	eneral period, if above s		es. See R.C. 3517.10(H)	) for details.	ods at one elec	tion.
	1 Amount brough	i forward from L	st report 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*397.	/1	-	
·	3. Total other inco	one (From Form	No. 31-A-2) 2-3-4		S S S	, , , , <u>, , , , , , , , , , , , , , , </u>		
· .	1 Total funds ava	ilable (sum of lin	61(2,3)5.45.25		\$ 397.			
			om Form No <sup>2</sup> 31-B)		\$ NONE \$ 397.			
,	6. Baiance on han 2. Value of m-kin		ceived (From Form No		東 <u>ライイ。</u>	<i>/                                    </i>		
	8. Value of in-kin	d contributions m	ade (From Form No. 3)		\$ \$ \$ \$ \$			
<b>C</b>		47.70	mittee (From Form No.	31-0)				
ED 1 3: 59	10: Outstanding d	ebts owed by con	unittee (From Form No		S S			
RECEIVED			nes made (From Form)	No. 31-U)	\$ 5			
- O 12	Sum of lines 2.7		y new loans received th		\$ 			
HE INFORMATION CONT COMMITS ELECTION FAL K.SCHAEFFE	TAINED IN THIS SIFICATION IS R. TREA	GUILTY OF A SURER				CATION. WHO	DEVER	- 19-16
rint Name and Title (Treasurer  Contribution  pages	and Deputy Treas	urer only) Expenditur page			Other pages	·	Total pages	Date