Page 2

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Fall		 			_			
Name of Committee in Full	and all Calcard D							
Elect Ronda Howard to the WI	nitenali School Boa	ird						
Full Name of Contributor					Registration Number, if PAC			
Ronda S. Howard								
Street Address	Employer/Occ				Form (Cash, Check, etc.)			
348 Cumberland Dr.		min Asst.			_Cash			
City	State	Zip Code	M	D	Y	Amount		
Whitehall	O H	43213	110	117	0 3	100.00		
Full Name of Contributor			Registra	tion Nu	nber, if P	AC		
Brent L. Howard			L					
Street Address	Employer/Occ	ation			Form (Cash, Check, etc.)			
348 Cumberland Dr.	Wallace	Wallace F Ackley Co/Con				Cash		
City	State	Zip Code	M	D	Y	Amount		
Whitehall	ОІН	43213	1110	117	013	100.00		
Full Name of Contributor					nber, if P			
Street Address	Employer/Occ	upation/Labor Organiza	ation			Form (Cash, Check, etc.)		
		Employer occupation basis organization						
City	State	Zip Code	M	Đ	ΙΥ	Amount		
en,	1	L.p code	"i	ī	l i l	111100111		
Full Name of Contributor		<u> </u>	Paristra	tion Nu	nber, if P	A.C.		
run Name of Contributor			Registra	uon ivui	noer, n r	AC		
Street Address Employer/Occupation/Labor Organization Form (Cash, C								
Street Address	upation/Labor Organiza	ation			Form (Cash, Check, etc.)			
		-r						
City	State	Zip Code	M	D .	Y	Amount		
Full Name of Contributor			Registra	tion Nu	nber, if P	AC		
Street Address	Employer/Occ	ation			Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
	1 1							
Full Name of Contributor	•	,	Registra	tion Nu	nber, if P	AC		
Street Address	Employer/Occ	ation			Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
,		1.	1 1	1	1			
Full Name of Contributor		1	Registra	tion Nu	mber, if P	AC		
Ton Name of Commonton								
Street Address	Employer/Occ	upation/Labor Organiza	ation			Form (Cash, Check, etc.)		
Sueri Aduless	Employer	atton			Torin (Cash, Check, etc.)			
<u> </u>		Tip Code	- 1 14		1 0	Amount		
City	State	Zip Code	M	D	Y	Amount		
					1 167	1.6		
Full Name of Contributor			Kegistra	uon Nui	mber, if P	AL		
				5 				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
						<u>.</u>		
City	State	Zip Code	M	D	Y	Amount		
	general accomply candidates	10 11 10			4L	1 173 1 1 1 1 1		

* 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 \$ 200.00