Page $\underline{4}$	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. CO. W. F. II										
Name of Committee in Full										
CITIZENS SUPPORTING WHITEHALL SCHOOLS										
Full Name of Contributor				Registration Number, if PAC						
ROGER D FIELDS ASSOCIATES INC				<u> </u>		-				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	ck, etc.)		
4588 KENNY RD #201D							CHECK			
City	St	ate	Zip Code	M	D	1. 1	Amount			
COLUMBUS	0	Н	43220	0 8	2 1	$1 \mid 8$		250.00		
Full Name of Contributor Registration Number, if PAC										
LEGAT ARCHITECTS										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
1125 TRI-STATE PKWY SUITE 730							CHECK			
City	St	ate	Zip Code	М	D	Y	Amount			
GURNEE	I	L	60031	0 9	2 0	1 8		500.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C			
SCHORR ARCHITECTS INC				l l						
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)			
230 BRADENTON AVE	-						CHECK			
City	St	ate	Zip Code	М	D	Y	Amount			
DUBLIN	0	Н	43017	0 8	1 5	1 8		750.00		
Full Name of Contributor	<u> </u>					ber, if PA	C			
OAPSE AFCSME TURNAROUND OHIO PAC LA 1269										
Street Address					Form (Cash, Check, etc.)					
6805 OAK CREEK DRIVE		•					CHECK			
City	St	ate	Zip Code	М	D	Y	Amount			
COLUMBUS	0	Н	43229	0 9	2 5	1 8	1	,000.00		
Full Name of Contributor		!	1022/					,,000,00		
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E - EVENT DATE 8/7/18 Registration Number, if PAC										
Street Address			ation/Labor Organization*	<u> </u>			Form (Cash, Chec	ck. etc.)		
34401 1322 133	1	F					CASH & CKS			
City	St	ate	Zip Code	М	D	Y	Amount	CIO		
	"		p			l i l		,215.00		
Full Name of Contributor	<u> </u>			Registra	tion Num	ber, if PA		,210.00		
CONTRIBUTIONS FROM FORM 31-E	EVE	'NIT F	ATE 8/17/18	Rogistiu				i		
Street Address				Ь—			Form (Cash, Chec	ck etc.)		
Succe Address	Employer/Occupation/Labor Organization*		anon Lacor Organization				CASH			
City	5,	ate	Zip Code	М	D	Y	Amount			
Chy	"	aic 	Zip Couc			1 1	Junount	403.00		
Edit Name of Contributor	<u> </u>		<u></u>	Degistra	tion Num	her if DA	C	403.00		
Full Name of Contributor Registration Number, if PAC CONTRIBUTED ASSESSMENT OF THE PACE										
CONTRIBUTIONS FROM FORM 31-E - EVENT DATE 9/20/18 Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						ok ato)				
Street Address	Employer/Occupation/Labor Organization*					CASH				
C:	- 6		Zin Codo	М	L D	Y	Amount			
City	30	ate	Zip Code	IVI	D	1 '	Anount	445.00		
E III	<u></u>			Danist	tion Muse	hor if D *	<u> </u>	445.00		
Full Name of Contributor Registration Number, if PAC										
CONTRIBUTIONS FROM FORM 31E -							Form (Carl Cl	alc atc.)		
Street Address	Employer/Occupation/Labor Organization*		anon/Labor Organization*				Form (Cash, Check, etc.) CASH & CKS			
	<u> </u>		Tr. 0.1	1 14	r	T 57		(N)		
City	St	ate	Zip Code	M	D	Y	Amount	250.00		
					<u> </u>			350.00		
equired for contributions from individuals over \$100 to statewide and gene	ral assemi	bly candi	dates. If contributor is self-empl	oved, the o	occupation	n and the	name of the			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is setf-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)]

Page Total \$	4,913.00