

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS SUPPORTING WHITEHALL SCHOOLS									
Full Name of Contributor ROGER D FIELDS ASSOCIATES INC						Registration Number, if PAC			
Street Address 4588 KENNY RD #201D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43220		M D Y 0 8 2 1 1 8		Amount 250.00	
Full Name of Contributor LEGAT ARCHITECTS						Registration Number, if PAC			
Street Address 1125 TRI-STATE PKWY SUITE 730			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GURNEE		State I L		Zip Code 60031		M D Y 0 9 2 0 1 8		Amount 500.00	
Full Name of Contributor SCHORR ARCHITECTS INC						Registration Number, if PAC			
Street Address 230 BRADENTON AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN		State O H		Zip Code 43017		M D Y 0 8 1 5 1 8		Amount 750.00	
Full Name of Contributor OAPSE AFCSME TURNAROUND OHIO PAC						Registration Number, if PAC LA 1269			
Street Address 6805 OAK CREEK DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H		Zip Code 43229		M D Y 0 9 2 5 1 8		Amount 1,000.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E - EVENT DATE 8/7/18						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH & CKS		
City		State		Zip Code		M D Y		Amount 1,215.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E - EVENT DATE 8/17/18						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City		State		Zip Code		M D Y		Amount 403.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E - EVENT DATE 9/20/18						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City		State		Zip Code		M D Y		Amount 445.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31E - EVENT DATE 8/31/18						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH & CKS		
City		State		Zip Code		M D Y		Amount 350.00	

* 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)]