

Statement of Contributions Received

Prescribed by Secretary of State 2/01

					numerous travelenos force		
Name of Committee in Full Whitehall Schools Levy Committee							
Ill Name of Contributor			Registration Number, if PAC				
Cathy Hankins			rcegistra	idon ram	1001, 11 1 71		
Street Address	Employer/Occup	ation/Labor Organization		***************************************	***************************************	Form (Cash, Chec	k, etc.)
4088 Mayflower	2projeti eccupation battor organization					Check	
City	State	Zip Code	M	D	Y	Amount	**************************************
Whitehall	OH	43213		0 6	1		14.00
Full Name of Contributor					ber, if PA		
Robin Gress							
Street Address	Employer/Occupation/Labor Organization			Form			ck, etc.)
456 Maplewood						Check	
City	State	Zip Code	М	D	Y	Amount	
Whitehall	$O \mid H$	43213	1 0	0 6	0 8		23.00
Full Name of Contributor	recurs of a supplementary of the authorities of the first		Registra	ition Num	ber, if PA	C	
Ronda Howard			8			**************************************	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Chec	ck, etc.)
348 Cumberland Dr						Cash	
City	State	Zip Code	M	D	Y	Amount	
Whitehall	OH	43213		0 6			56.00
Full Name of Contributor			Registra	ation Num	iber, if PA	C	
Kelly Solack			<u> </u>	***************************************			
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
3334 Faycrest				Check			
City	State	Zip Code	M	D	Y	Amount	0.00
Columbus	$O \mid H$	43213	THE RESERVE OF THE PERSON NAMED IN	and comments of the second	0 8		8.00
Full Name of Contributor			Registra	ation Num	iber, if PA	.C	
Contributions from form No. 31-E Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
Street Address	Employer/Occupation/Labor Organization					roim (Casii, Cile	ck, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount	
City	State	Zip Code	$\begin{vmatrix} m \\ 1 \end{vmatrix} 0$	1	0 8	l .	731.00
Full Name of Contributor			THE RESERVE OF THE PERSON NAMED IN COLUMN		ber, if PA		731.00
Nogotiation Number, III.							
Street Address	Employer/Occupation/Labor Organization			00000000000000000000000000000000000000	***************************************	Form (Cash, Che	ck, etc.)
		Ÿ				, í	, ,
City	State	Zip Code	М	D	Y	Amount	
·							
Full Name of Contributor	ala-inon		Registra	ation Nun	nber, if PA	.С	
Street Address	Employer/Occup	pation/Labor Organization	Towns constraints	***************************************	**************************************	Form (Cash, Che	ck, etc.)
City	State	Zip Code	М	D	Y	Amount	
			De l'article de la constant de la co				
Full Name of Contributor Registration Number, if PA						VC	
					v sizaissa quasassa	Net retermination and a second	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Che	ck, etc.)
City	State	Zip Code	M	D	Y	Amount	
	Land						
A. M. 1. 1. 1. 1. 1. 1. 1. 1. 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 \$ 832.00