31-J-1
R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Whitehall Schools Levy Committee						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Wal-Mart Stores, Inc.						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
3657 E. Main St.	Food/Drinks		11	02	08	160.00
City	State	Zip Code	Received at Fundraising Event?			
Whitehall	OH	43213	☐ YES		☑ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	State	Zip Code	Received at Fundraising Event?			
			☐ YES		☐ NO	

* 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)]

Page Total $ 160.00