

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Westerville Education Association PAC for Schools									
Full Name of Contributor Employee Payroll Deduction (See attached schedule)							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
			Westerville City Schools				check		
City		State	Zip Code		M	D	Y	Amount	
		OH			1	1	1	5	05
Full Name of Contributor Employee Payroll Deduction (See attached schedule)							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
			Westerville City Schools				check		
City		State	Zip Code		M	D	Y	Amount	
					1	2	0	7	05
Full Name of Contributor Employee Payroll Deduction (See attached schedule)							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
			Westerville City Schools				check		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
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City		State	Zip Code		M	D	Y	Amount	
		OH							

* 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 also appear. [R.C. 3517.10(B)(4)]