Page	1

0.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05 Name of Committee in Full TAXPAYERS FOR WESTERVILLE SCHOOLS Registration Number, if PAC Full Name of Contributor James E Burgess Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) CASH 4930 Honeysuckle Blvd Zip Code D City $O \mid H$ 0 8 0.00 43230 Columbus Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Zip Code D Amount State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Amount Zip Code D State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Zip Code D Amount City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Zip Code Ð Amount State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address State Zip Code D Amount City Registration Number, if PAC Full Name of Contributor Form (Cash, Check, etc.) Employer/Occupation/Labor Organization* Street Address Amount D State Zip Code City Registration Number, if PAC Full Name of Contributor Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* D Zip Code М State City

• 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)]