

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full TAXPAYERS FOR WESTERVILLE SCHOOLS							
Full Name of Contributor Karl Asmus				Registration Number, if PAC			
Street Address 5200 COLT CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City WESTERVILLE	State O H	Zip Code 43081	M 0 5	D 1 2	Y 1 2	Amount 20.00	
Full Name of Contributor JIM BURGESS				Registration Number, if PAC			
Street Address 4930 HONEYSUCKLE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT		
City COLUMBUS	State O H	Zip Code 43230	M 0 5	D 1 9	Y 1 2	Amount 10.00	
Full Name of Contributor JIM BURGESS				Registration Number, if PAC			
Street Address 4930 HONEYSUCKLE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 432030	M 0 5	D 2 5	Y 1 2	Amount 142.10	
Full Name of Contributor ROY TWIDT				Registration Number, if PAC			
Street Address 6572 VARICK LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT		
City WESTERVILLE	State O H	Zip Code 43082	M 0 5	D 2 8	Y 1 2	Amount 50.00	
Full Name of Contributor RODERICK CLAY				Registration Number, if PAC			
Street Address 433 MARY AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0 5	D 2 9	Y 1 2	Amount 200.00	
Full Name of Contributor BARBARA REOCH				Registration Number, if PAC			
Street Address 175 MATTHEW AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0 6	D 0 5	Y 1 2	Amount 300.00	
Full Name of Contributor MARILYN PIEPHO				Registration Number, if PAC			
Street Address 147 N STATE ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0 6	D 2 0	Y 1 2	Amount 50.00	
Full Name of Contributor MICHAEL MEYER				Registration Number, if PAC			
Street Address 973 COGSWELL ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0 6	D 2 0	Y 1 2	Amount 30.00	

* 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)]