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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full    | 11001   | <u> </u>   |            |                         |           |                 |  |                                       |
|------------------------------|---------|------------|------------|-------------------------|-----------|-----------------|--|---------------------------------------|
| TAXPAYERS FOR WESTERVILLE SC | HOOL    | <u>S</u>   |            |                         | In :      |                 | 1000                                   | ~                                     |
| Full Name of Contributor     |         |            | Į.         |                         | Registrat | ion Numb        | er, if PA                              | Ü                                     |
| Karl Asmus                   | 12 -    |            |            |                         | L         |                 | -                                      | r (Out Ot 1)                          |
| Street Address               | Employe | r/Occupa   | ition/Labo | r Organization*         |           |                 |  | Form (Cash, Check, etc.)              |
| 5200 COLT CT                 |         |            |            |                         | <b></b>   |                 |  | CASH                                  |
| City                         | St      | ate        | Zip Code   |                         | M         | D               | Y                                      | Amount                                |
| WESTERVILLE                  |         | H          | 430        | 81                      | 0 5       | 1 2             | 1   2                                  | 20.00                                 |
| Full Name of Contributor     |         |            |            |                         | Registrat | ion Numl        | oer, if PA                             | С                                     |
| JIM BURGESS                  |         |            |            |                         |           |                 |  |                                       |
| Street Address               | Employe | т/Оссира   | ation/Labo | r Organization*         |           |                 |  | Form (Cash, Check, etc.)              |
| 4930 HONEYSUCKLE BLVD        |         |            |            |                         |           |                 | _                                      | CREDIT                                |
| City                         | St      | ate        | Zip Code   |                         | М         | D               | Y                                      | Amount                                |
| COLUMBUS                     | 0       | H          | 432        | ВО                      | 0 5       | 1 9             | 1 2                                    | 10.00                                 |
| Full Name of Contributor     |         |            | _          |                         | Registra  | tion Numl       | er, if PA                              | C                                     |
| JIM BURGESS                  |         |            |            |                         |           |                 |  |                                       |
| Street Address               | Employe | г/Оссира   | stion/Labo | r Organization*         | _         |                 |  | Form (Cash, Check, etc.)              |
| 4930 HONEYSUCKLE BLVD        |         |            |            |                         |           |                 |  | CHECK                                 |
| City                         | St      | ate        | Zip Cod    | ė                       | М         | D               | Y                                      | Amount                                |
| COLUMBUS                     |         | ΙН         | 432        | 030                     | 015       | 215             | 1 2                                    | 142.10                                |
| Full Name of Contributor     |         |            |            |                         |           | tion Num        |  |                                       |
| ROY TWIDT                    |         |            |            |                         |           |                 |  |                                       |
| Street Address               | Employe | r/Occupa   | ation/Labo | r Organization*         |           |                 |  | Form (Cash, Check, etc.)              |
| 6572 VARICK LN               |         |            |            | "                       |           |                 |  | CREDIT                                |
| City                         | St      | ate        | Zip Cod    |                         | М         | D               | Y                                      | Amount                                |
| WESTERVILLE                  | آ م     | <br>  Н    | 430        | 1                       | 015       | 218             |  | 50.00                                 |
| Full Name of Contributor     | 10      |            | 450        | i                       |           | tion Num        |  |                                       |
| 1                            |         |            |            |                         | region.   |                 |  | -                                     |
| RODERICK CLAY                | Employe | /O         | ation/Lobe | or Organization*        |           |                 |  | Form (Cash, Check, etc.)              |
| Street Address               | Ешрюус  | 21/Occupa  | ation Laux | Organization            |           |                 |  | CHECK                                 |
| 433 MARY AVE                 |         |            | Zip Cod    | 1                       | T M       | D               | ΙΥ                                     | Amount                                |
| City                         |         | ate<br>  H | 1 '        | 1                       |           | I .             | $\begin{vmatrix} 1 \\ 2 \end{vmatrix}$ | 200.00                                |
| WESTERVILLE                  | 0       | 11         | 430        | <u> </u>                | 0 5       | 2 9<br>tion Num |  |                                       |
| Full Name of Contributor     |         |            |            |                         | Registra  | non Num         | ber, ii FA                             | C                                     |
| BARBARA REOCH                |         |            |            |                         | <u> </u>  | _               |  | Form (Cash, Check, etc.)              |
| Street Address               | Employe | er/Occupa  | ation/Labo | or Organization*        |           |                 |  |                                       |
| 175 MATTHEW AVE              |         |            | 1 2 .      | <u> </u>                |           |                 | 1 12                                   | CHECK                                 |
| City                         |         | tate       | Zip Cod    |                         | M         | D D             | Y                                      | Amount                                |
| WESTERVILLE                  | 0       | H          | 430        |                         |           | 0 5             |  |                                       |
| Full Name of Contributor     |         |            |            |                         | Registra  | tion Num        | ber, if PA                             | C                                     |
| MARILYN PIEPHO               |         |            |            |                         |           |                 |  | · · · · · · · · · · · · · · · · · · · |
| Street Address               | Employe | er/Occup   | ation/Lab  | or Organization*        |           |                 |  | Form (Cash, Check, etc.)              |
| 147 N STATE ST               |         |            |            |                         |           |                 |  | CHECK                                 |
| City                         | S       | tate       | Zip Cod    | 1                       | M         | P               | Y                                      | Amount                                |
| WESTERVILLE                  | 0       | H          | 430        | )81 <u> </u>            | 0 6       |                 | 1 2                                    | 50.00                                 |
| Full Name of Contributor     |         |            |            |                         | Registra  | tion Num        | ber, if PA                             | С                                     |
| MICHAEL MEYER                |         |            |            |                         |           |                 |  |                                       |
| Street Address               | Employ  | er/Occup   | ation/Lab  | or Organization*        |           |                 |  | Form (Cash, Check, etc.)              |
| 973 COGSWELL ST              |         |            |            |                         |           |                 |  | CHECK                                 |
| City                         | S       | tate       | Zip Cod    | le                      | М         | D               | Y                                      | Amount                                |
| WESTERVILLE                  | 0       | H          | 430        | )81                     | 0 6       | 20              | 1 2                                    | 30.00                                 |
| 0.00                         | 1       | 1.1        | -1 IC-     | ontributor is self-empl | auad tha  | coupation       | a and the                              | name of the                           |

• 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)]

| 802.10 |
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