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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
TAXPAYERS FOR WESTERVII	LE SCHOOLS						
Full Name of Contributor				Registration Number, if PAC			
James E Burgess							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4930 Honeysuckle Blvd						CASH	
Ciry	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43230	1017	011	114	15.1 <i>7</i>	
Full Name of Contributor	10200	Registration Number, if PAC					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
e,			1	lт			
Full Name of Contributor	!		Registra	tion Nun	ber, if PA	<u> </u>	
Tan Name of Condition			ľ		,		
Street Address	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer Occupanous Zabos Osganization						
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor		<u></u>	Registra	tion Nun	iber, if PA	.c	
This Name of Condition							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
Succe rumes							
City	State	Zip Code	М	D	ΙÝ	Amount	
City	1	- F			1 1		
Full Name of Contributor			Registra	tion Nun	aber, if PA	.c	
Pull Name of Contributor			"		ŕ		
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Silver Address							
City	State	Zip Code	М	D	ΙΥ	Amount	
ichy		2,7 ****		1 1	11		
Full Name of Contributor	<u>_</u> _		Registra	tion Nun	aber, if PA	.c	
Phil Natie of Contributor			1		·		
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)	
Sittet Address	Jampa, 111 4 1 1 1	· · · · · · · · · · · · · · · · · · ·					
City	State	Zip Code	М	Ď	Y	Amount	
Chy			1 1	1 1	1 1		
Full Name of Contributor	!	<u></u>	Registra	tion Nun	nber, if PA	.c	
run Name di Condibuo							
Street Address	Employer/Occi	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
Siret Addess	1,-,-						
City	State	Zip Code	M	D	Y	Amount	
Chy	'	'	1 1	L	1		
Full Name of Contributor			Registra	tion Nur	nber, if PA	AC .	
Full Name of Controllor							
Street Address	upation/Labor Organization*	tion*			Form (Cash, Check, etc.)		
Succi Addiess							
Cini	State	Zip Code	М	D	Y	Amount	
City		T. F. C.	1 1				
				<u>بــــــــــــــــــــــــــــــــــــ</u>	1 1	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)]

Page Total \$ 15,17