

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Wilms for Westerville Schools									
Full Name of Contributor Doug Krinsky						Registration Number, if PAC			
Street Address 5405 Blackhawk Forest			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Westerville		State OH		Zip Code 43082		M 0		D 8	
						Y 24		Amount 100.00	
Full Name of Contributor Peter Wilms						Registration Number, if PAC			
Street Address 184 Baranof, East			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Transfer		
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 12		Amount 10.00	
Full Name of Contributor Joanne Gross						Registration Number, if PAC			
Street Address 602 Michael Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) transfer		
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 13		Amount 50.00	
Full Name of Contributor Kurt W. Hinterschied						Registration Number, if PAC			
Street Address 921 South Hempstead Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 9		Amount 100.00	
Full Name of Contributor Margaret Duffy						Registration Number, if PAC			
Street Address 14 South Spring Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) transfer		
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 11		Amount 35.00	
Full Name of Contributor Claudia Petit						Registration Number, if PAC			
Street Address 783 Bering Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) transfer		
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 19		Amount 100.00	
Full Name of Contributor Robert E. Ruhl						Registration Number, if PAC			
Street Address 279 Merriss			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 26		Amount 50.00	
Full Name of Contributor Michael Martin						Registration Number, if PAC			
Street Address 612 Bay			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) transfer		
City Westerville		State OH		Zip Code 43082		M 0		D 9	
						Y 27		Amount 100.00	

* 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)]

Page Total \$ **545.00**