

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Wentz For Our Schools							
Full Name of Contributor Elizabeth P. Wentz						Registration Number, if PAC	
Street Address 7800 Ackerly Loop			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City New Albany		State OH	Zip Code 43054		M 11	D 08	Y 15
Amount \$1,000							
Full Name of Contributor Elizabeth P. Wentz						Registration Number, if PAC	
Street Address 7800 Ackerly Loop			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City New Albany		State OH	Zip Code 43054		M 11	D 09	Y 15
Amount 3,000							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
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City		State	Zip Code		M	D	Y
Amount							
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City		State	Zip Code		M	D	Y
Amount							
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							

* 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 also appear. [R.C. 3517.10(B)(4)]