

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Westerville Education Association PAC for Schools									
Full Name of Contributor Employee Payroll Deduction (See attached schedule)							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
				Westerville City Schools				check	
City		State OH		Zip Code		M 0		D 6	
						Y 2		Amount \$130.00	
						Y 5			
						Y 0			
						Y 7			
Full Name of Contributor Employee Payroll Deduction (See attached schedule)							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
				Westerville City Schools				check	
City		State		Zip Code		M		D	
						Y		Amount	
						Y			
						Y			
						Y			
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Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
				Westerville City Schools				check	
City		State		Zip Code		M		D	
						Y		Amount	
						Y			
						Y			
						Y			
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				Westerville City Schools				check	
City		State		Zip Code		M		D	
						Y		Amount	
						Y			
						Y			
						Y			
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City		State		Zip Code		M		D	
						Y		Amount	
						Y			
						Y			
						Y			
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City		State		Zip Code		M		D	
						Y		Amount	
						Y			
						Y			
						Y			
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City		State		Zip Code		M		D	
						Y		Amount	
						Y			
						Y			
						Y			

* 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)]

Page Total **\$130.00**