

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Edwards for Westerville City Schools Board of Education						
Full Name of Contributor Tamara Jones				Registration Number, if PAC		
Street Address 7800 Redbank Road		Employer/Occupation/Labor Organization* Unkn		Form (Cash, Check, etc.) Cash		
City Westerville	State OH	Zip Code 43082	M 0	D 9	Y 1	Amount \$25.00
Full Name of Contributor David Stadge				Registration Number, if PAC		
Street Address 359 Windcroft Dr		Employer/Occupation/Labor Organization* Central Ohio Workforce Investment		Form (Cash, Check, etc.) check		
City Westerville	State OH	Zip Code 43082	M 0	D 9	Y 2	Amount \$350.00
Full Name of Contributor James & Kathleen Friedman				Registration Number, if PAC		
Street Address 1172 Smoke Burr Dr		Employer/Occupation/Labor Organization* unkn		Form (Cash, Check, etc.) check		
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Douglas & Yvonne Blegen				Registration Number, if PAC		
Street Address 985 Maebelle Way		Employer/Occupation/Labor Organization* unkn		Form (Cash, Check, etc.) check		
City Westerville	State OH	Zip Code 43082	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Erik & Joan Zwilling				Registration Number, if PAC		
Street Address 7492 Rolling Ridge Way		Employer/Occupation/Labor Organization* Merrill Lynch		Form (Cash, Check, etc.) check		
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 1	Amount \$500.00
Full Name of Contributor Robert Edwards				Registration Number, if PAC		
Street Address 476 Mill Wind Dr		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) cash		
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 1	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	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)]

Page Total **\$1,075.00**