

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>James Welch For Trustee</b>							
Full Name of Contributor <b>BARBARA J. BILLHARDT</b>						Registration Number, if PAC	
Street Address <b>7258 HOLLANDIA DR</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>10</b>	D <b>15</b>	Y <b>11</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>JUNE RIGGS</b>						Registration Number, if PAC	
Street Address <b>5520 COPENHAGEN DR</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>10</b>	D <b>17</b>	Y <b>11</b>	Amount <b>100.-</b>	
Full Name of Contributor <b>Deb Candow</b>						Registration Number, if PAC	
Street Address <b>6101 BATAVIA RD</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>10</b>	D <b>19</b>	Y <b>11</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>JANET BROWN</b>						Registration Number, if PAC	
Street Address <b>3582 KARIKAL DR.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>10</b>	D <b>16</b>	Y <b>11</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>JAMES WELCH</b>						Registration Number, if PAC	
Street Address <b>5460 ACAPULCO PL</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CASH</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>10</b>	D <b>15</b>	Y <b>11</b>	Amount <b>100.00</b>	
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	
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	
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	

\* 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 \$ **315**