Pag	.1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. CO. S. T. T.							_	
Name of Committee in Full								
Edwards for Westerville City Sch	ools Board of E	ducation						
	Re			Registration Number, if PAC				
Anonymous via Paypal	<u> </u>							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
					_	Paypal		
City	State	Zip Code	М	D	Y	Amount		
T 1127				2 4		<u>_</u> .	96.80	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Anonymous via Paypal								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
			_			Paypal		
City	State	Zip Code	М	D	Y	Amount		
			1 0	2 4	1 3	<u></u>	96.80	
Full Name of Contributor			Registra	tion Num	ber, if PA			
Anonymous via Paypal								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
						Paypal		
City	State	Zip Code	М	D	Y	Amount	-	
			1 0	214	113		19.86	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Richard Mercurio								
Street Address	Employer/Occu	pation/Labor Organization*		· ·		Form (Cash, Ci	neck, etc.)	
56 College Av						check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081.	110	2 5	1 3		100.00	
Full Name of Contributor					ber, if PA	c		
Linda Beucler								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)	
482 Otterbein Av						Check		
City	State	Zip Code	M	Ð	Y	Amount		
Westerville	о н	43081	110	218	113		20.00	
Full Name of Contributor		···•			ber, if PA	c	20.00	
Chrisopher Curry	The state of the s							
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.)		
7179 Hollandia Dr	,					check	, ,	
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081	110	218	1 3		100.00	
Full Name of Contributor					ber, if PA		200.00	
Randall Spence								
Street Address	Employer/Occu	pation/Labor Organization*	•			Form (Cash, Cl	eck, etc.)	
719 Centerpark Dr						check		
City	State	Zip Code	М	D	Y	Amount	-	
Westerville	О Н	43082	110	2 8	1 3		250.00	
Full Name of Contributor					ber, if PA	C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
							•	
City	State	Zip Code	М	Ď	Y	Amount		
quired for contributions from individuals over \$100 to statewide	and general assembly one	dideter 16 Deste is16	-11		<u> </u>			

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 \$ 683.46	Page Total \$	683.46
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