

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Wilms for Westerville Schools</b>									
Full Name of Contributor <b>Mary A Van Fleet</b>						Registration Number, if PAC			
Street Address <b>1206 Wedgewood Terrace</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43082</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>John Sodt</b>						Registration Number, if PAC			
Street Address <b>708 Autumn Tree Place</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>transfer</b>		
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43081</b>		M <b>1</b>	D <b>0</b>	Y <b>5</b>	Amount <b>35.00</b>
Full Name of Contributor <b>James E. Burgess</b>						Registration Number, if PAC			
Street Address <b>4930 Honeysuckle Blvd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43230</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>150.00</b>
Full Name of Contributor <b>James R. Harrison</b>						Registration Number, if PAC			
Street Address <b>7160 Jacqueline Court</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43082</b>		M <b>1</b>	D <b>0</b>	Y <b>8</b>	Amount <b>50.00</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
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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **285.00**