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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Royer for UA Schools			In 1				
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Thomas & Meilnda Wesfall	In 1 10					r (0 ) (1 )	
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
1670 Doone Road		las a .				Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OIH	43221	110			50.0	<u> </u>
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Keintz Risk Management	_ <del>_</del> _						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
3040 Riverside Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OIH	43221	110	1 2	1   5	50.0	<u> </u>
Full Name of Contributor	Name of Contributor Registration Number, if PA						
Christopher & Suzzane Widing							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1251 Kenbrook Hills Dr			1	Check			
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	O   H	43220	110	1   2	1   5	100.0	00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	_
Clark & Christine Larsen							
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)	
1360 Norwell Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIH	43220	1 0	2 1	1 5	200.0	00
Full Name of Contributor	, , ,	15225			ber, if PA		_
Joseph Scott							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	_
35 E Livingston Ave	' '	·				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43215	110	ı	1 5	100.0	าก
Full Name of Contributor	0	40210					
Full Name of Contributor Registration Number, if PA							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
Ducet Names	Employer occupation casor organization						
City	State	Zip Code	M	D	Y	Amount	
City	l l	Zap couc	1 "		1		
Full Name of Contributor	<u> </u>	!	Registra	tion Num	ber, if PA	C	
ren Name of Controllor			INCEISUA.	uon mun	OC1, 11 1 71	•	
Street Address	Employer/Occur	ation/I abor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					Total (Casa, Cacek, cac.)	
C:		Zin Codo	Тм	T D	Y	Amount	
City	State	Zip Code	I M	ווו	1	Amount	
8 11 2 60 - 11 -			D a materia	nia - Nissa	har if DA	C	
Full Name of Contributor Registration Number, if PAC							
	E 1 %					Francisco Charles and	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount	
Described for conscious from individuals over \$100 to statewide and		11 12 12	1	1	1		

\* 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 \$ 500.00