

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor PROS Consulting						Registration Number, if PAC	
Street Address 201 S. Capital Ave		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City Indianapolis	State OH IN	Zip Code 46225	M 0	D 4	Y 14	Amount 1,000.00	
Full Name of Contributor Westerville Senior Association Inc						Registration Number, if PAC	
Street Address 1764 Collingwood Dr		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43081	M 0	D 7	Y 14	Amount 5,000.00	
Full Name of Contributor Nationwide Children's Hospital						Registration Number, if PAC	
Street Address 700 Children's Drive		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 14	Amount 5,000.00	
Full Name of Contributor POD, LLC						Registration Number, if PAC	
Street Address 100 Northwoods Blvd		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43235	M 0	D 7	Y 14	Amount 3,000.00	
Full Name of Contributor Williams Associates Architects, Ltd						Registration Number, if PAC	
Street Address 500 Park Blvd		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check	
City Itasca	State IA IL	Zip Code 60143	M 0	D 6	Y 14	Amount 1,000.00	
Full Name of Contributor Meyer + Associates Architecture						Registration Number, if PAC	
Street Address 232 N 3rd St #500		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 4	Y 14	Amount 5,000.00	
Full Name of Contributor Westerville Amateur Soccer Association						Registration Number, if PAC	
Street Address 2136 Tall Timbers Ct		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43228	M 0	D 4	Y 14	Amount 10,000.00	
Full Name of Contributor Westerville Youth Baseball Softball League						Registration Number, if PAC	
Street Address 6584 Hilmar Dr		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City Westerville	State OH	Zip Code 43081	M 0	D 9	Y 14	Amount 5,000.00	

* 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 \$: **35,000.00**