

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Westerlyville Firefighters Local 3480 PCE									
Full Name of Contributor Tom Christ							Registration Number, if PAC		
Street Address 609 S. McKenzie St.				Employer/Occupation/Labor Organization* Firefighter			Form (Cash, Check, etc.) Cash		
City Mt. Vernon		State OH		Zip Code 43050		M 0		D 7	
						Y 2		Amount \$3.00	
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	
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City		State		Zip Code		M		D	
						Y		Amount	
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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)]