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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full					
French for Westerville Schools			Registration Number, if P	۸۲	
Full Name of Contributor			Registration Number, If Pi	AC .	
Paul V. Fulton	Is		ļ <u>.</u>	Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				
233 Boehm Court		7.0.4-	M D Y	check Amount	
City	State	Zip Code		1 50.00	
Westerville	OH	43081	1 0 2 0 1		
Full Name of Contributor			Registration Number, if Pa	AC	
Jeffrey Lutz				16" (0 1 6) 1 1	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
127 Patti Court				transfer	
City	State	Zip Code	M D Y	Amount	
Westerville	OH	43081	1 0 2 2 1	1 15.00	
Full Name of Contributor			Registration Number, if P.	AC	
Linda B. Beucler			<u>L</u>		
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
482 South Otterbein Ave				check	
City	State	Zip Code	M D Y	Amount	
Westerville	OH	43081	1 0 1 8 1	1 20.00	
Full Name of Contributor			Registration Number, if P	AC	
	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
Street Address	Employer/occu	pation/Labor Organization		(323, 333, 533,	
Oh.	State	Zip Code	M D Y	Amount	
City	State	zip code			
Cult Name of Contributor	<u> </u>		Registration Number, if P	AC.	
Full Name of Contributor			negistration raineer, ii	,	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
Street Address	Cinprojer oco	patro v Euror Organization			
Ch.	State	Zip Code	M D Y	Amount	
City	Julia	Zip cook		, ,,,,,	
C HALL A C CANADA	 	<u></u>	Registration Number, if P	PAC	
Full Name of Contributor			inegistrotton rambat, in		
6	Employer/Occupation/Labor Organization* Fo		Form (Cash, Check, etc.)		
Street Address	Employer/ occo	patrons caper or garnes too		,,	
	State	Zip Code	MI D Y	Amount	
City	State	zip code			
		<u> </u>	Registration Number, if F	PAC	
Full Name of Contributor			registration rusinos, ii	710	
Street Address	Employer/Occupation/Labor Organization* Form			Form (Cash, Check, etc.)	
ì				<u> </u>	
City	State	Zip Code	M D Y	Amount	
]				
Full Name of Contributor		<u> </u>	Registration Number, if f	PAC	
		<u></u>			
Street Address	Employer/Occupation/Labor Organization* Form (Form (Cash, Check, etc.)		
City	State	Zip Code	M D Y	Amount	
<u></u> <u></u>				<u></u>	
		to a life and the same in sold accord	awad the accumpation and the na	ma of the	

* 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 \$	85.00