

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>French for Westerville Schools</b>									
Full Name of Contributor <b>Paul V. Fulton</b>						Registration Number, if PAC			
Street Address <b>233 Boehm Court</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Y <b>0</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Jeffrey Lutz</b>						Registration Number, if PAC			
Street Address <b>127 Patti Court</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>2</b>	Y <b>2</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>15.00</b>
Full Name of Contributor <b>Linda B. Beucler</b>						Registration Number, if PAC			
Street Address <b>482 South Otterbein Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>8</b>	Y <b>1</b>	Y <b>1</b>	Amount <b>20.00</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	Y	Y	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	Y	Y	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	Y	Y	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	Y	Y	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	Y	Y	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 \$ **85.00**