

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools													
Full Name of Contributor Max & Erma's						Registration Number, if PAC							
Street Address 790 N State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43082		M 0 9		D 0 9		Y 0 9		Amount 602.23	
Full Name of Contributor Lauterbach & Eilber, Inc						Registration Number, if PAC							
Street Address 1721 Bethel Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43220		M 0 9		D 0 9		Y 0 9		Amount 500.00	
Full Name of Contributor Westerville Education Association						Registration Number, if PAC							
Street Address 519 South Otterbein Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 1		Y 0 9		Amount 15,000.00	
Full Name of Contributor Westerville Parent Council						Registration Number, if PAC							
Street Address 303 S Otterbein Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 1		Y 0 9		Amount 400.00	
Full Name of Contributor Emerson Parent Teacher Association						Registration Number, if PAC							
Street Address 44 N Vine Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 1 0		D 0 1		Y 0 9		Amount 150.00	
Full Name of Contributor Gandee & Associates						Registration Number, if PAC							
Street Address 6375-C OLD AVERY RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Dublin		State O H		Zip Code 43016		M 1 0		D 0 1		Y 0 9		Amount 250.00	
Full Name of Contributor Chase Bank						Registration Number, if PAC							
Street Address 1700 Polaris Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State o h		Zip Code 43082		M 1 0		D 0 1		Y 0 9		Amount 500.00	
Full Name of Contributor Aleron						Registration Number, if PAC							
Street Address 733- B Lakeview Plaza Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43085		M 1 0		D 0 1		Y 0 9		Amount 250.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 17,652.23