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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				NI/Anthrony/Annolass	general constant and the second		
Name of Committee in Full							
Our Community Our Schools			Dociotor	ion Numb	her if DA	Ĉ	
Full Name of Contributor			Registrat	ion muni	oci, ii PA		
Max & Erma's	Employar/Occup	ation/Labor Organization*	1	ngamusatatikas/jaiski		Form (Cash, Check,	etc.)
Street Address	Employer/Occup	ation/Lauor Organization*				Check	
790 N State Street	State	Zip Code	M	D	Y	Amount	MANAGEMENT COMPANY
^{City} Westerville	OH	43082	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$	0 9	0 9		02.23
Full Name of Contributor		10002	WORKS CONTROL OF THE CONTROL OF THE	ion Num			
Lauterbach & Eilber, Inc							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check,	etc.)
1721 Bethel Road				Check			
City	State	Zip Code	M	D	Y	Amount	***************************************
Columbus	OH	43220	0 9	0 9	0 9	50	00.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	***************************************
Westerville Education Association							on company of the second se
Street Address	Employer/Occup	ation/Labor Organization*	**************************************			Form (Cash, Check,	etc.)
519 South Otterbein Ave			***************************************			Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	<u> </u>	43081		2 1	0 9	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	00.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Westerville Parent Council				er parentagen einstelle der State (
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
303 S Otterbein Ave		T7: C 1:	1 37	I D	V	Check	····
City	State	Zip Code	M	D	Y	Amount	00.00
Westerville		43081	0 9	2 1 tion Num	0 9		00.00
Full Name of Contributor			Registra	tion ivull	10C1, 11 P2		
Emerson Parent Teacher Associatio		oation/Labor Organization*		Mary Commence of the Commence	()(a)()()(a)()(a)()(a)()(a)()(a)()(a)(Form (Cash, Check,	etc.)
Street Address	Employer/Occup	anon Lavor Organization				Check	/
44 N Vine Street	State	Zip Code	М	l D	Y	Amount	
City VA/agtowyillo	OH	43081		0 1	0 9		50.00
Westerville Full Name of Contributor		TOUL		tion Num	SECONDARIZATION DUDONS	Contraction of the Contraction o	
Gandee & Associates			.3				
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check,	etc.)
6375-C OLD AVERY RD		-				Check	
City	State	Zip Code	M	D	Y	Amount	******
Dublin	ОН	43016	1 0	0 1	0 9	2	50.00
Full Name of Contributor				tion Nun			unceseconocemediamalism
Chase Bank	Chase Bank						
Street Address	Employer/Occup	oation/Labor Organization*		o open el l'approprie del comprese		Form (Cash, Check,	, etc.)
1700 Polaris Parkway				Check			
City	State	Zip Code	М	D	Y	Amount	
Westerville	o h	43082	1 0		0 9		00.00
Full Name of Contributor Registration Number, if PAC							
Aleron				and the second second	anna Marie ann ann ann ann ann ann ann ann ann an		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
733- B Lakeview Plaza Blvd						Check	
City	State	Zip Code	М	D	Y	Amount	1ma aa
Worthington	OH	43085	$1 \mid 0$		$0 \mid 9$		250.00
0.100			-annioved	THE OCCUM	TALLETTE STOP		

* 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