

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools													
Full Name of Contributor Brian Orrenmaa						Registration Number, if PAC							
Street Address 7151 Arnecliffe Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card						
City New Albany		State O H		Zip Code 43054		M 0		D 8		Y 0 5 0 9		Amount 100.00	
Full Name of Contributor Vicki Jarrell						Registration Number, if PAC							
Street Address 12269 Mallard Pond Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card						
City Pickerington		State O H		Zip Code 43147		M 0		D 8		Y 1 9 0 9		Amount 100.00	
Full Name of Contributor Laura Lipsett Long						Registration Number, if PAC							
Street Address 5722 Sandalwood Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card						
City Columbus		State O H		Zip Code 43229		M 0		D 8		Y 1 9 0 9		Amount 75.00	
Full Name of Contributor Howard Baum						Registration Number, if PAC							
Street Address 28 Keethler Drive North			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43081		M 0		D 8		Y 1 9 0 9		Amount 50.00	
Full Name of Contributor Robert Hoffman						Registration Number, if PAC							
Street Address 106 Executive Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43081		M 0		D 8		Y 1 9 0 9		Amount 50.00	
Full Name of Contributor Anonymous						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City		State		Zip Code		M 0		D 8		Y 1 9 0 9		Amount 25.00	
Full Name of Contributor Diane Conley						Registration Number, if PAC							
Street Address 1085 Tiffany Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Reynoldsburg		State O H		Zip Code 43068		M 0		D 8		Y 2 0 0 9		Amount 150.00	
Full Name of Contributor Gail Walter						Registration Number, if PAC							
Street Address 471 Highgate Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Worthington		State O H		Zip Code 43085		M 0		D 8		Y 2 4 0 9		Amount 25.00	

* 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 \$ 575.00