31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools							
Full Name of Contributor						**Registration Number, if PAC**	
Peter Celello							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
942 Farrington Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	oh	43081	10	07	11		60.00
Full Name of Contributor						**Registration Number, if PAC**	
Jashua Patton							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5742 Pine Wild Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	oh	43082	10	06	11		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Allison Miller							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4432 Cohagen Crossing Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
New Albany	oh	43054	10	11	11		40.00
Full Name of Contributor						**Registration Number, if PAC**	
Ellen Jacobs							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
148 Nicole Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	oh	43081	10	05	11		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Laurie Shepherd							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
329 Barrington							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	oh	43082	10	03	11		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Tristar Transportation Co							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
P.O. Box !86	Tristar Transportation Co.						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Worthington	oh	43085	10	12	11		1,000.00
Full Name of Contributor						**Registration Number, if PAC**	
Bricker & Eckler State Political Action Committee							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
100 S. third Street	Bricker & Eckler State PAC						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	oh	43215	09	30	11		2,500.00
Full Name of Contributor						**Registration Number, if PAC**	
The Garland Company, Inc.							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3800 E. 91st Street	The Garland Company, Inc.						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Cleveland	oh	44105	10	10	11		500.00

* 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 $ 4,320.00