Paue	30
1 " 20	

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			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
	1,					
City	State	Zip Code	М	D	ΤY	Amount
Full Name of Contributor			Registra	ution Nun	nber, if P/	\C
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	<u> </u>	Tel a l		T 5	, ,	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		Registra	ation Num	nber, if Pa	4C
Tan Name of Communion		X	ive į isti	200111011	1001, 1011	
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
		\Diamond				
City	State	Ži Code	М	D	Y	Amount
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y	<u> </u>		í	
Full Name of Contributor	1	7	Registra	ation Nun	nber, if Pa	\C
Street Address	IEmplana (OA)	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	EmployerOrce)				rosm (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	151			!	1	
Full Name of Contributor	,0		Registra	ation Nun	iber, if PA	NC .
<u></u>	<u></u>	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Timployer/Occu	pation/1,abor Organization				orm (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	i					
Full Name of Contributor	<u>'</u>	-	Registra	ation Nun	aber, if Pa	/C
/ 5						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
/						
City	State	Zip Code	. M	D	Y	Amount
	<u> </u>					
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC .
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
Silver / Nations	ismproyen occup	parious sales or guillown				, , , , , , , , , , , , , , , , , , , ,
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC .
	le i -					e (0) 6)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
- N,			```	,	.	
25 with the first think at the \$100 as store it is	aral agazanlıkı agaz	Edutor Hanntributor is call an	played the	accupatio	n and the	name of the

* 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 S	0.00