

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Donald Moninger					Registration Number, if PAC		
Street Address 4605 Cautela Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 10.00	
Full Name of Contributor Denise Katz					Registration Number, if PAC		
Street Address 631 Pincay Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Constance Himes					Registration Number, if PAC		
Street Address 1144 Hidden Cove Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 30.00	
Full Name of Contributor Kristin Hauser-Kromminga					Registration Number, if PAC		
Street Address 564 Raccoon Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sunbury	State O H	Zip Code 43074	M 1 0	D 1 6	Y 0 9	Amount 45.00	
Full Name of Contributor Jennifer Gedeon					Registration Number, if PAC		
Street Address 177 Nottingham Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 46.00	
Full Name of Contributor Beth Gambill					Registration Number, if PAC		
Street Address 632 Neil Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Donna Dixius					Registration Number, if PAC		
Street Address 1073 Clubview Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 6	Y 0 9	Amount 45.00	
Full Name of Contributor Kimberly Raye Rostorfer					Registration Number, if PAC		
Street Address 4305 Woodstream Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 1 6	Y 0 9	Amount 50.00	

* 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 \$ 326.00