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Page	15
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					***************************************		
Our Community Our Schools							
Full Name of Contributor			Registra	ation Nur	nber, if P.	AC	
Donald Moninger					,		
Street Address	Employer/Occu	pation/Labor Organization*			10/03/2019/2019/2019/2019	Form (Cash, Che	ck. etc.)
4605 Cautela Drive						Check	, ,
City	State	Zip Code	M	l D	ΙΥ	Amount	-
Westerville	OH	43081	1 0	1 6	0 9		10.00
Full Name of Contributor		10001	STOCK CONTRACTOR OF THE PARTY O	POR PROPERTY AND ADDRESS OF THE PARTY OF THE	nber, if P.	AC	10.00
Denise Katz							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
631 Pincay Place						Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	$O \mid H$	43230	1 0	1 6	0 9		50.00
Full Name of Contributor	, in the second		all the first programme of the last of	- American Constitution	nber, if P	AC	
Constance Himes							
Street Address	Employer/Occu	pation/Labor Organization*	and Superior Section Section 1995			Form (Cash, Che	ck, etc.)
1144 Hidden Cove Ct	AA-					Check	
City	State	Zip Code	М	D	Y	Amount	<u></u>
Westerville	OH	43082	1 0	1 6	0 9		30.00
Full Name of Contributor			Registra	ition Nun	nber, if P	AC	a thair i middin dhairean ceann an dhairean a g
Kristin Hauser-Kromminga							
Street Address	Employer/Occu	pation/Labor Organization*	(0000000000000000000000000000000000000			Form (Cash, Che	ck, etc.)
564 Raccoon Lane						Check	
City	State	Zip Code	М	D	Y	Amount	
Sunbury	O H	43074	10	1 6	0 9		45.00
Full Name of Contributor			Registra	ition Nun	nber, if Pa	AC	
Jennifer Gedeon							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
177 Nottingham Ct			***************************************			Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	IOIH	43081	10	1 6	0 9		46.00
Full Name of Contributor			Registra	ition Nun	ber, if Pa	AC	
Beth Gambill							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
632 Neil Ave		Tev. o.	T		,	Check	
City	State	Zip Code	M	D	Y	Amount	=0.00
Columbus	IO H	43215			0 9		50.00
Full Name of Contributor			Registra	tion Nun	iber, if Pa	AC	
Donna Dixius Street Address	m1/0					F (C1- Cl	
	Employer/Occupation/Labor Organization*					Form (Cash, Che	JK, etc.)
1073 Clubview Blvd	State	Zip Code	M	D	Y	Check Amount	
•	1	1 *	1 .			Amount	45.00
Columbus Full Name of Contributor	LOIH	43235		1 6	ber, if Pa	\.C	45.00
			registra	MOH HUII	1001, 11 F		
Kimberly Raye Rostorfer treet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
4305 Woodstream Drive	Employer/Occupation/Lauoi Organization			Check			
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	1	0 9		50.00
Jananna –		J 3040V	ITIA	ITO	10 カ	<u>L </u>	$\mathcal{I}_{\mathcal{U},\mathcal{U}\mathcal{U}}$

* 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
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