

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Edward Hamann					Registration Number, if PAC		
Street Address 323 Mainsail Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 0 9	D 2 9	Y 1 1	Amount 85.00	
Full Name of Contributor Arica Danison					Registration Number, if PAC		
Street Address 4909 Bixby Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Groveport	State o h	Zip Code 43125	M 0 9	D 2 7	Y 1 1	Amount 56.00	
Full Name of Contributor Lesa Brugger					Registration Number, if PAC		
Street Address 5411 Valley Ln E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State o h	Zip Code 43231	M 0 9	D 2 6	Y 1 1	Amount 50.00	
Full Name of Contributor Karen Krzyzanowski					Registration Number, if PAC		
Street Address 3226 Somerford Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State o h	Zip Code 43221	M 0 9	D 2 7	Y 1 1	Amount 82.00	
Full Name of Contributor Michael Borowitz					Registration Number, if PAC		
Street Address 6737 Collingwood dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 1 0	D 1 0	Y 1 1	Amount 100.00	
Full Name of Contributor Judith Mair					Registration Number, if PAC		
Street Address 6741 Hilligas Farm Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 0 9	D 2 9	Y 1 1	Amount 100.00	
Full Name of Contributor Stephen Henson					Registration Number, if PAC		
Street Address 5404 Grand Ridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State o h	Zip Code 43021	M 1 0	D 0 7	Y 1 1	Amount 100.00	
Full Name of Contributor John Stoner					Registration Number, if PAC		
Street Address 400 W Orange Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State o h	Zip Code 43015	M 1 0	D 0 4	Y 1 1	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)]