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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		SOMETIME STATE		///C/2000/00/00/00/00/00/00/00/00/00/00/00/0	ana	********************************		
Name of Committee in Full								
Our Community Our Schools								
Full Name of Contributor			Registration Number, if PAC					
NE Westerville Realty Association	империятичного по	annionas opinio			A Comment market Share			
Street Address	Employer/O	ccupa	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)
5975 Cleveland Avenue							Check	
City	State		Zip Code	M	D	Y	Amount	
Columbus	O	Η	43231	1 0	0 5	0 9		1,000.00
Full Name of Contributor				Registra	ition Nun	nber, if Pa	AC	
Joan Klemek								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2243 Picket Post Lane							Check	
City	State	auann-man	Zip Code	M	D	Y	Amount	
Columbus	O	Η	43220	1 0	0 3	0 9		50.00
Full Name of Contributor				out (concernation or comme		ber, if Pa	AC	
Teresa Fusco								
Street Address	Employer/Occupation/Labor Organization*			— Standard Commence	introdución interesta		Form (Cash, Check, etc.)	
1069 Melinda Drive							Check	
City	State		Zip Code	M	D	Y	Amount	
Westerville		Н	43081	1110	0 3	0 9		50.00
Full Name of Contributor						ber, if P	AC	
Scott Ebright				_				
Street Address	Employer/O	ccupa	ation/Labor Organization*	-	in innerior landerior de		Form (Cash, C	heck, etc.)
392 Inglewood Drive	2						Credit Card	
City	State		Zip Code	М	D	Y	Amount	
Westerville	1	1	43081	1	0 3			150.00
Full Name of Contributor			1 30001	AND DESCRIPTION OF THE PARTY OF	AND DESCRIPTION OF THE PARTY OF	aber, if P	A.C.	100.00
				liogistic			.10	
Cathy Pennington Street Address	Employer/O	couns	ation/I abor Organization*	_			Form (Cash, C	heck etc.)
	Employer/Occupation/Labor Organization*						Check	
5329 Bittersweet Court	State		Zip Code	М	D	ΙΥ	Amount	
	1	Н	43230	1	0 3	1		25.00
Columbus Full Name of Contributor	10.		1 40200		Accomplished to the control of the c	ber, if P	A.C.	۵.00
				Registit	idon Itan	1001, 11 1 2		
Leslie Rosen Street Address	TEmployor/O	00000	otion/Lohor Organization*				Form (Cash, C	hack atc.)
	Employer/Occupation/Labor Organization*						Check	
6243 McNaughten Place	State		Zip Code	M	D	Y	Amount	
City	O		43213	6		0 9	R	25.00
Columbus			43213			nber, if P.		23.00
Full Name of Contributor				Registi	ition ivun	noer, n r	AC	
Bev McVay	15 1		:*		www.		Form (Cosh C	haalt oto)
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3930 N Waggoner Road	<u> </u>		Ter: C 1	T \ .	1 <u>5</u>	1 37	Check	00000000000000000000000000000000000000
City	State	h	Zip Code	M	D	Y	Amount	05.00
Blacklick	0	h	43004	10				35.00
Full Name of Contributor Registration Number, if PAC								
Kristen Wright								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
104 Central Avenue					Check			
City	State		Zip Code	M	D	Y	Amount	00.00
Westerville		H	43081	1 0	0 3	0 9		30.00

* 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 \$ 1,365.00