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Done	7)
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				and Administration of the Control of			
Name of Committee in Full							
Our Community Our Schools Full Name of Contributor			Dagistre	tion Mun	ber, if Pa	A.C.	
			Registiz	ilion ivuii	ioer, ii ri	AC	
Rhonda Jean Gilpin Street Address	[Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	peck etc.)
7747 Strathmore Road	Employer/Occup	ation/Daoor Organization				Check	icex, etc.)
City	State	Zip Code	M	D	ΙΥ	Amount	A
Dublin	OH	43016	1	1 6	i :		80.00
Full Name of Contributor					iber, if Pa	AC	00,00
Amanda Kuehnle							
Street Address	Employer/Occup	ation/Labor Organization*	_ <u>l</u>	Andreal (Andreas Andreas		Form (Cash, Ch	ieck, etc.)
4778 Elmont Place						Check	
City	State	Zip Code	M	D	Y	Amount	***************************************
Groveport	OH	43215	1 0	1 6	0 9		100.00
Full Name of Contributor		okannekunnakkan majakkan distribusa kias didiput aperdah milik negeri Ponda salambatan didi	Ordination or the Children	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	ber, if Pa	AC	
Lori McNeal							
Street Address	Employer/Occup	ation/Labor Organization*			Tara da maranta da da mara da cara da mara da cara da mara da cara da mara da mara da cara da mara da cara da m	Form (Cash, Check, etc.)	
7883 Eagle Trace Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43082	1 0	1 6	0 9		20.00
Full Name of Contributor			Registra	ition Nun	iber, if Pa	AC	
Beth Simpson				***************************************			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
111 Central Avenue						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H_	43081	NATIONAL PROPERTY OF THE PROPE	1 6	CHANGE AND		85.00
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC	
Gloria Kaylor							A CAN THE COMMENT OF
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
5500 Sandy Drive				~ <u>-</u>		Check	**************************************
City	State	Zip Code	M	D	Y	Amount	, , , , , , , , , , , , , , , , , , ,
Lewis Center	O H	43035	1 0	***************************************	0 9		77.00
Full Name of Contributor			Registra	tion Nur	iber, if Pa	AC	
Robert Talley, Jr Street Address	IF 1 /0						
	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
221 N Front St - Unit 108 City	State	7in Codo	Тм	D	Y	Check Amount	***************************************
	OH	Zip Code 43215	1		0 9	2	85.00
Columbus Full Name of Contributor] 43213			ber, if P		00.00
Julie Thompson			Registra	111011 11411	1001, 11 1 2		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	neck etc.)
7863 Royal Park Drive	Employer occup	Employer/Occupation/Labor Organization*				Check	
City	State	Zip Code	М	D	ΙΥ	Amount	
Lewis Center	OH	43035	1 0	1 .			25.00
Full Name of Contributor		1 30000			ber, if Pa	AC	
Candy Peak					,		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Ch	neck, etc.)
5472 Blackhawk Forest		3				Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43082	1 0	1 6	0 9		45.00
and the second of the second of				Marie Commence	decession reconstruct	Control of the Contro	and the state of t

Page Total \$ 517.00

^{*} 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)]