23

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Containing in T. W.			
Name of Committee in Full			
Our Community Our Schools		Designation Number 197	'AC
Full Name of Contributor		Registration Number, if F	AC .
Deneen Long		anti-on X	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organia	ZatiOII*	` '
586 S Spring Road			Check
City	State Zip Code	M D Y	Amount
Westerville	O H 43081	0 9 2 5 0 9	
Full Name of Contributor		Registration Number, if F	AC
Claudia Murray			
Street Address	Employer/Occupation/Labor Organi	zation*	Form (Cash, Check, etc.)
145 Sandstone Loop			Check
City	State Zip Code	M D Y	Amount
Westerville	O H 43081	0 9 2 5 0 9	75.00
Full Name of Contributor		Registration Number, if I	
Abigail Shepherd			
Street Address	Employer/Occupation/Labor Organi	zation*	Form (Cash, Check, etc.)
329 Barrington Dr			Check
City	State Zip Code	M D Y	Amount
Westerville	O H 43082	0 9 2 5 0 9	20.00
Full Name of Contributor		Registration Number, if I	
Debra Dunlap			
Street Address	Employer/Occupation/Labor Organi	zation*	Form (Cash, Check, etc.)
5473 Woodvale Ct	- January Carlotte		Check
City	State Zip Code	M D Y	Amount
	O H 43081	0 9 2 5 0 9	
Westerville Full Name of Contributor	10 1 ** 1 #3001	Registration Number, if I	
1		Trebutation rander, it i	•
Lisa Reschke	Employer/Occupation/Labor Organi	ization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organ.	iend()()	Check
210 E Park St	State Table Co. 1	MDY	Amount
City	State Zip Code		l l
Westerville	O H 43081	0 9 2 5 0 9	
Full Name of Contributor		Registration Number, if	TAL
Rebecca Havens			Come (Costs C)
Street Address	Employer/Occupation/Labor Organi	ization*	Form (Cash, Check, etc.)
287 E Schrock Road			Check
City	State Zip Code	M D Y	Amount
Westerville	O H 43081	0 9 2 5 0 9	
Full Name of Contributor		Registration Number, if	PAC
Karey Kugel			
Street Address	Employer/Occupation/Labor Organi	ization*	Form (Cash, Check, etc.)
7714 Barkwood Dr			Check
City	State Zip Code	M D Y	Amount
Worthington	o h 43085	0 9 2 5 0 9	
Full Name of Contributor		Registration Number, if	
Barbara Loar			
Street Address	Employer/Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)
658 Vancouver Dr			Check
City	State Zip Code	M D Y	Amount
Westerville	O H 43081	0 9 2 5 0 9	100.00
V V C D E C I V I I I C			1.00.00

* 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 \$ 415.00
