

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community, Our Schools									
Full Name of Contributor Mark Twain PTA						Registration Number, if PAC			
Street Address 799 E. Walnut Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M D Y 0 4 0 9 0 9		Amount 25.00	
Full Name of Contributor Westerville North Athletic Booster Club						Registration Number, if PAC			
Street Address 950 County Line Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M D Y 0 4 2 1 0 9		Amount 500.00	
Full Name of Contributor Louis R. Polster Co.						Registration Number, if PAC			
Street Address P.O. Box 2016			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43216		M D Y 0 4 0 2 0 9		Amount 250.00	
Full Name of Contributor MT Business Technologies						Registration Number, if PAC			
Street Address P.O. Box 37			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Mansfield		State O H		Zip Code 44901		M D Y 0 4 2 2 0 9		Amount 750.00	
Full Name of Contributor Gary & Debra Ubry						Registration Number, if PAC			
Street Address 7293 Hawksbeard Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43082		M D Y 0 4 1 6 0 9		Amount 50.00	
Full Name of Contributor Arthur & Louise Schultz						Registration Number, if PAC			
Street Address 151 Sandstone Loop W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M D Y 0 3 1 5 0 9		Amount 25.00	
Full Name of Contributor Laura Lipsett Long						Registration Number, if PAC			
Street Address 5722 Sandalwood Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43229		M D Y 0 4 1 9 0 9		Amount 90.00	
Full Name of Contributor David & Kathy Cocuzzi						Registration Number, if PAC			
Street Address 1029 Bluesail Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M D Y 0 4 2 2 0 9		Amount 25.00	

* 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 \$ 1,715.00