

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                       |   |               |               |  |                         |  |
|---|-----------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full<br><b>Our Community Our Schools</b> |                       |   |               |               |  |                         |  |
| Full Name of Contributor<br><b>Joan Wisler</b>                |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>8768 Lindsey Ct</b>                      |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>O   H</b> | Zip Code<br><b>43082</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>25.00</b>  |  |
| Full Name of Contributor<br><b>Mary Campbell Staebler</b>     |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>6959 Stillwater Cove</b>                 |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>O   H</b> | Zip Code<br><b>43082</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Leslie McCoy</b>               |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>8703 Perrill Road</b>                    |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Ashville</b>                                       | State<br><b>O   H</b> | Zip Code<br><b>43103</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>80.00</b>  |  |
| Full Name of Contributor<br><b>Jill McMasters</b>             |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>3442 Laurent Ct</b>                      |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Columbus</b>                                       | State<br><b>O   H</b> | Zip Code<br><b>43231</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>76.00</b>  |  |
| Full Name of Contributor<br><b>Sally Tourville</b>            |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>1206 Laurel Drive</b>                    |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>O   H</b> | Zip Code<br><b>43081</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>30.00</b>  |  |
| Full Name of Contributor<br><b>Connie Craigmile</b>           |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>856 Hickory View Ct</b>                  |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>O   H</b> | Zip Code<br><b>43081</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Carole Dardamanis</b>          |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>10454 Torrington Drive</b>               |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Powell</b>   | State<br><b>O   H</b> | Zip Code<br><b>43065</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>80.00</b>  |  |
| Full Name of Contributor<br><b>Kathleen Shelton</b>           |                       |   |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>122 Debbie Drive</b>                     |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>O   H</b> | Zip Code<br><b>43081</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                            | Amount<br><b>31.00</b>  |  |

\* 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 \$ 522.00