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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Our Community Our Schools Full Name of Contributor				
Joan Wisler		Registration Number, if	PAC	
Street Address	Employed Occupation II also Occident			
8768 Lindsey Ct	Employer/Occupation/Labor Organization	*	Form (Cash, Check, etc.)	
City	State Zip Code		Check	
Westerville	O H 43082	M D Y	Amount	
Full Name of Contributor	1 0   11   45062	1 0 2 5 0 9		
Full Name of Contributor Registration Number, if PAC Mary Campbell Staebler				
Street Address	Employer/Occupation/Labor Organization*	*	Form (Cash, Check, etc.)	
6959 Stillwater Cove	amproyen occupation baoos organization		£	
City	State Zip Code	M D Y	Check Amount	
Westerville	O   H   43082	1 0 2 5 0 9		
Full Name of Contributor	101111111111111111111111111111111111111	Registration Number, if I		
Leslie McCoy		,		
Street Address	Employer/Occupation/Labor Organization*	·	Form (Cash, Check, etc.)	
8703 Perrill Road			Check	
City	State Zip Code	M D Y	Amount	
Ashville	O H 43103	1 0 2 5 0 9		
Full Name of Contributor		Registration Number, if F	<u>Balling and the second of the</u>	
Jill McMasters		,		
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3442 Laurent Ct			Check	
City	State Zip Code	M D Y	Amount	
Columbus	O   H   43231	1 0 2 5 0 9	76.00	
Full Name of Contributor		Registration Number, if P		
Sally Tourville				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1206 Laurel Drive			Check	
City	State Zip Code	M D Y	Amount	
Westerville	O H 43081	1 0 2 5 0 9	30.00	
Full Name of Contributor		Registration Number, if P	AC	
Connie Craigmile				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
856 Hickory View Ct			Check	
•	State Zip Code	M D Y	Amount	
Westerville Full Name of Contributor	O H 43081	102509	100.00	
		Registration Number, if P	AC	
Carole Dardamanis Street Address				
	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
10454 Torrington Drive	Carre Tri- Call		Check	
Powell	State Zip Code OH 43065	M D Y	Amount	
Full Name of Contributor	O H 43065	102509		
Registration Number, if PAC Kathleen Shelton				
Street Address	Employer/Occupation/Labor Organization*		Earl (Carl City)	
122 Debbie Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State Zip Code	M D Y	Check	
Westerville			Amount	
A A COPICT A TITE.	O H 43081	1 0 2 5 0 9	31.00	

\* 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 \$ 522.00