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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			and the second s					
Our Community Our Schools								
Full Name of Contributor			Registrat	ion Numb	per, if PA	C		
Mindy Holmes								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che		
5673 Tussic Street			maria de la companione de			Credit Ca	ard	
City	State	Zip Code	M	D	. 8	Amount		
Westerville	OH	43082	1 0	0 9	0 9		50.00	
Full Name of Contributor			Registrat	ion Numl	ber, if PA	C		
Jim Bosker								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
74 Traditions Way						Check		
City	State	Zip Code	M	D		Amount		
Powell	O H	43065	1 0	A CONTRACTOR AND A CONT	0 9		60.00	
Full Name of Contributor			Registra	ion Num	ber, if PA	AC .		
Naomi Schone								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
7147 Marrisey Loop						Check		
City	State	Zip Code	M	D	Y	Amount		
Galena	O H	43021		0 9			75.00	
Full Name of Contributor			Registra	tion Num	ber, if Pa	AC		
Jann Day					Work Constraint and the Constraint of the Constr			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
13535 Vans Valley Road						Check	***************************************	
City	State	Zip Code	M	D	Y	Amount		
Galena	OH	43021	1 0				5.00	
Full Name of Contributor			Registra	tion Num	ber, if Pa	AC		
Joe Waltman				(WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)					
1734 Jupiter Ave					general mental m	Check	**************************************	
City	State	Zip Code	M	D		Amount		
Hilliard	O H	43026		Access to the second se		CONTRACTOR OF THE STATE OF THE	20.00	
Full Name of Contributor			Registra	tion Num	ber, if P.	AC		
Brittney Johnson					2020/2020/15/2020			
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	eck, etc.)	
2811 Shadwell Drive					Q	Check		
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	OH	43028		0 9			25.00	
Full Name of Contributor			Registra	tion Nun	ber, if P	AC		
Julie Pelzmann				50000000000000000000000000000000000000				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5689 Bashaw Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	o h	43081	1 0				36.00	
Full Name of Contributor			Registra	ation Nun	nber, if P	AC		
Patricia Bartlett								
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)					
11343 Ashbrook Rd						Check		
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	O H	43110	1 0	0 9	0 9		50.00	
		andidates. If contributor is se	If amployed	the occur	agtion an	d the name of the		

* 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)]

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Page	Total	\$	321.00