

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Jan Thomas						Registration Number, if PAC			
Street Address 1154 Autumn Creek Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 20.00
Full Name of Contributor Claudia Yoho						Registration Number, if PAC			
Street Address 6887 Meadow Glen			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 65.00
Full Name of Contributor Lindsey Barron						Registration Number, if PAC			
Street Address 6911 Meadow Oak Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 15.00
Full Name of Contributor Janice Hill						Registration Number, if PAC			
Street Address 1038 Farrington Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 80.00
Full Name of Contributor Karen Garrison						Registration Number, if PAC			
Street Address 219 Oakwood Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 50.00
Full Name of Contributor Jane Henson						Registration Number, if PAC			
Street Address 5404 Grand Ridge Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 20.00
Full Name of Contributor Greg Mantenieks						Registration Number, if PAC			
Street Address 1229 Smily Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 70.00
Full Name of Contributor Alison Miller						Registration Number, if PAC			
Street Address 4432 Cohagen Crossing Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0	D 9	Y 2	Y 5	Y 0	Y 9	Amount 30.00

* 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 \$ 350.00