

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Carrie Reis					Registration Number, if PAC		
Street Address 1825 Inchcliff Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State o h	Zip Code 43221	M 0	D 9	Y 3	Amount 50.00	
Full Name of Contributor Abigail Shepherd					Registration Number, if PAC		
Street Address 329 Barrington Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43082	M 0	D 9	Y 2	Amount 35.00	
Full Name of Contributor David Shultz					Registration Number, if PAC		
Street Address 152 Queensbury Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Broadview Hights	State o h	Zip Code 44147	M 0	D 9	Y 2	Amount 30.00	
Full Name of Contributor Susan Danec					Registration Number, if PAC		
Street Address 485 N State St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43082	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Cindy Dyer					Registration Number, if PAC		
Street Address 6291 Beringer Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43082	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Howard Baum					Registration Number, if PAC		
Street Address 28 Keethler Drive North		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43081	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor Shannon Goebeler					Registration Number, if PAC		
Street Address 140 E. Broadway Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43081	M 0	D 9	Y 2	Amount 10.00	
Full Name of Contributor Jenna MeDevitt					Registration Number, if PAC		
Street Address 5304 Ponderosa Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State o h	Zip Code 43231	M 0	D 9	Y 2	Amount 100.00	

* 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)]