

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community, Our Schools									
Full Name of Contributor Suzanne Kile						Registration Number, if PAC			
Street Address 6368 Spring Run Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State O H	Zip Code 43082	M 0	D 3	Y 3	Y 1	Y 0	Y 9	Amount 100.00
Full Name of Contributor Kristine Robbins						Registration Number, if PAC			
Street Address 106 Bellefield Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State O H	Zip Code 43081	M 0	D 4	Y 0	Y 1	Y 0	Y 9	Amount 100.00
Full Name of Contributor Mark Hershisier						Registration Number, if PAC			
Street Address 5753 Greenfield Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Galena	State O H	Zip Code 43021	M 0	D 4	Y 0	Y 2	Y 0	Y 9	Amount 100.00
Full Name of Contributor Kimberly Woosley						Registration Number, if PAC			
Street Address 110 Daniel Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State O H	Zip Code 43081	M 0	D 4	Y 0	Y 3	Y 0	Y 9	Amount 50.00
Full Name of Contributor Cindy Crowe						Registration Number, if PAC			
Street Address 8545 Button Bush Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State O H	Zip Code 43082	M 0	D 4	Y 0	Y 6	Y 0	Y 9	Amount 100.00
Full Name of Contributor Jeffrey Will						Registration Number, if PAC			
Street Address 664 Deer Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State O H	Zip Code 43082	M 0	D 4	Y 0	Y 6	Y 0	Y 9	Amount 50.00
Full Name of Contributor Jeffrey Gale						Registration Number, if PAC			
Street Address 6429 Bromfield Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State O H	Zip Code 43082	M 0	D 4	Y 0	Y 6	Y 0	Y 9	Amount 50.00
Full Name of Contributor Christopher Wanner						Registration Number, if PAC			
Street Address 1220 Churchbell Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus	State O H	Zip Code 43235	M 0	D 4	Y 0	Y 6	Y 0	Y 9	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)]

Page Total \$ 650.00