31-A
R.C. 3517.10

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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											**Registration Number, if PAC**		
Sarah Berka													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
1290 Northport Circle												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Columbus	OH	43235	0	3	2	7	0	9				50.00	
Full Name of Contributor											**Registration Number, if PAC**		
Barbara & James Wallace													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
1505 Buckpoint Lane												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Worthington	OH	43085	0	3	2	6	0	9				85.00	
Full Name of Contributor											**Registration Number, if PAC**		
Stephen J Petercsak													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
552 Grist Run Road												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Westerville	OH	43082	0	3	2	6	0	9				100.00	
Full Name of Contributor											**Registration Number, if PAC**		
S Andrew & Tracy Lynn Jados													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
7804 Talon Circle												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Westerville	OH	43082	0	3	2	3	0	9				80.00	
Full Name of Contributor											**Registration Number, if PAC**		
Rebecca & Charles Kuhlman													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
225 West Hubbard Ave												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Columbus	OH	43215	0	3	2	4	0	9				100.00	
Full Name of Contributor											**Registration Number, if PAC**		
Crystal B Harris													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
8448 Flowering Cherry Drive												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Blacklick	OH	43004	0	3	2	4	0	9				100.00	
Full Name of Contributor											**Registration Number, if PAC**		
Richard & Donna Rano													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
4884 Saint Andrews Circle												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Westerville	OH	43082	0	3	2	2	0	9				25.00	
Full Name of Contributor											**Registration Number, if PAC**		
Karen L McClellan													
Street Address	**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**	
232 Reinhard Ave												check	
City	**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**	
Columbus	OH	43206	0	3	2	3	0	9				75.00	

* 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 $ 615.00