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Page	10	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			namananan managan ang					
Name of Committee in Full								
Our Community Our Schools Full Name of Contributor			Dagista	X . 7	i.c.n	. ~		
	Registrati			ation Nuii	ation Number, if PAC			
Barbara Hutchinson Street Address	Ir-mlavar/Occur	· · · // · · · · · · · · · · · · · · ·				- (a. 1. a.		
	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
6955 Bonnie Brae Lane	Contra	Ta. 7		alamani	7~~~	Check		
City	State	Zip Code	M	D	Y	Amount	00 00	
Columbus Full Name of Contributor	O H	43235		1 6			82.00	
			Registra	ation Nun	nber, if PA	4C		
Vicki Kielmeyer								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
623 Mohican Way						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081	1 0	16	0 9		35.00	
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC		
Tiffany Clark								
Street Address	Employer/Occup	oation/Labor Organization*	······································			Form (Cash, Check, etc.)		
6142 Sowerby Lane	-					Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	$O \mid H$	43081	1 0	1 6	0 9		49.16	
Full Name of Contributor			THE RESERVE OF THE PARTY OF THE	SESTIMATE DE L'ANNIEN DE L	iber, if PA	AC	27.20	
Tracev Kearns								
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
5737 Running Brook Dr		v		Check				
City	State	Zip Code	M	D	Y	Amount		
Westerville	$O \mid H$	43081	1 .	1 6	1 . 1		90.00	
Full Name of Contributor		1 2001	resemble empression de sessiones	AND DESCRIPTION OF THE PARTY OF	ber, if PA	A.C.	90.00	
Deborah King			Registra	ation Ivan	ioci, ii i z	10		
Street Address	Employer/Occur	oation/Labor Organization*		***********************		Form (Cash, Ch	ook oto)	
	Employer/Occup	ation/Labor Organization			A	ł	eck, etc.)	
4240 Wyandotte Woods	Chara	Zip Code	1 37	T 5	7 37	Check		
-	State H	1 *	M	D	Y	Amount	rr 00	
Dublin Full Name of Contributor	1014	43016	1 0	and the second	Annual Confession of the Confession		55.00	
			Registra	auon Nun	ber, if PA	AC .		
Deborah Hetherington				***************************************				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
6884 W Haymore Ave	***************************************					Check		
City	State	Zip Code	М	D	1 5	Amount		
Worthington	I O H	43085		1 6			75.00	
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC		
Linda Mapes						gg Milfrigueg of the park or old digardening military discount members or	**************************************	
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
14515 Payne Road						Check		
City	State	Zip Code	M	D	Y	Amount		
Marysville	$O \mid H$	43040	1 0	1 6	0 9		87.00	
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC		
Lisa Moore								
Street Address	Employer/Occup	oation/Labor Organization*	8.000,000,000,000			Form (Cash, Ch	eck, etc.)	
1061 Sunbury Lake Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	OH	43082	1 0	1 6	0 9		65.00	

^{*} 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 \$ 538.16