31-A
R.C. 3517.10

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		
Dr. Matthew & Carrie Lutz													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
972 Sunlight Court												check	
City	State	Zip Code	M		D		Y					Amount	
Westerville	OH	43081	0	4	1	5	0	9				90.00	
Full Name of Contributor											Registration Number, if PAC		
James & Catherine LeRose													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
3842 James River Road												check	
City	State	Zip Code	M		D		Y					Amount	
New Albany	OH	43054	0	4	0	9	0	9				50.00	
Full Name of Contributor											Registration Number, if PAC		
Kevin & Jennifer Knapp													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
8631 Winding Creek Way NW												check	
City	State	Zip Code	M		D		Y					Amount	
Pickerington	OH	43147	0	4	0	3	0	9				100.00	
Full Name of Contributor											Registration Number, if PAC		
Amy A Thompson													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
4021 Sweet Shadow Avenue												check	
City	State	Zip Code	M		D		Y					Amount	
Gahanna	OH	43230	0	4	0	7	0	9				5.00	
Full Name of Contributor											Registration Number, if PAC		
Lea M Stomps-Coburn													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
2585 McVey Blvd West												check	
City	State	Zip Code	M		D		Y					Amount	
Columbus	OH	43235	0	4	0	8	0	9				100.00	
Full Name of Contributor											Registration Number, if PAC		
Scott Hrabcak													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
150 Baranof West												check	
City	State	Zip Code	M		D		Y					Amount	
Westerville	OH	43081	0	4	0	5	0	9				250.00	
Full Name of Contributor											Registration Number, if PAC		
Sur Wood Products													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
902 E College Ave												check	
City	State	Zip Code	M		D		Y					Amount	
Westerville	OH	43081	0	4	0	5	0	9				50.00	
Full Name of Contributor											Registration Number, if PAC		
Triad Architects Ltd													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
784-B Morrison Road												check	
City	State	Zip Code	M		D		Y					Amount	
Columbus	OH	43230	0	4	1	7	0	9				500.00	

* 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 $ 1,145.00