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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				nasia sanania dia sanaia da			
Name of Committee in Full			•				
Our Community Our Schools							*****************************
Full Name of Contributor			Registra	ition Nun	ber, if Pa	AC	
Julie McGuff							
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2768 Cooper Ridge Rd						Check	
City	State	Zip Code	M	D	Y	Amount	PARTITION DESCRIPTION OF THE PARTITION O
Columbus	O H	43231	0 9	2 5	0 9		25.00
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC	
Gregory Mitchell							
Street Address	Employer/Occup	oation/Labor Organization*	*			Form (Cash, Ch	eck, etc.)
3980 Judson Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43207	0 9	2 5	0 9		20.00
Full Name of Contributor			WOODS AND SHIP OF THE PARTY OF	tion Num		AC .	
Ann Romero							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1075 Weatherwood Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	$O \mid H$	43082	0 9	2 5	0 9		25.00
Full Name of Contributor		10002	CARDONAL PARTY STREET,	tion Num	DEFECT CONTRACTOR OF THE PARTY		20.00
Jonathan Boyd					•		
Street Address	Employer/Occur	pation/Labor Organization*		Siranzanea erasa terdinektanak		Form (Cash, Ch	eck. etc.)
5904 Treven Way						Check	,,
City	State	Zip Code	М	D	Y	Amount	606000-0
Westerville	ОН	43081	0 9	1	0 9		50.00
Full Name of Contributor		1 40001	STATE OF THE PARTY	tion Num	CONTRACTOR OF THE PARTY OF THE	AC	50.00
Brittany Riesen					,		
Street Address	Employer/Occur	oation/Labor Organization*	<u></u> l	OLIVA DI		Form (Cash, Ch	eck etc.)
1022 Chicory Ct						Check	
City	State	Zip Code	ТМ	D	Y	Amount	APRILITATION OF THE PRINCIPLE OF THE PRI
Celina	OH	45822	1	2 5	0 9		38.00
Full Name of Contributor		TJUZZ		tion Num	CONTRACTOR AND CONTRACTOR AND CONTRACTOR	A.C	30.00
Marianne Troutman			1.00		,		
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck_etc.)
7302 Berkely Square N	Employer Stoap	with Europe organization				Check	oon, 0.0.,
City	State	Zip Code	М	D	Y	Amount	
New Albany	O H			2 5			30.00
Full Name of Contributor		1 43034		tion Num			30.00
Peggy Mefferd			Registra	tion run	oci, ii i i	10	
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Ch	ack atc.)
	Employer/Occupation/Labor Organization*						
609 Bridgewater Ct	State	Zip Code	М	D	Y	Check Amount	West Comment of the C
·	b	1 '	l .	1		Amount	25.00
Westerville Full Name of Contributor		43082	0 9	2 5	0 9		25.00
			Registra	tion Num	oci, II P	ac	
Lori Malicoate Street Address	Employar/Ocas-	pation/Labor Organization*		inania in	anaramatii aasaa	Form (Cash, Ch	ack atc.)
	Employer/Occup	oation/Labor Organization*					cck, cic.)
6954 Springview Drive	Ca. a.c.	IZin Codo	3.6	D	- v	Check Amount	
City	State	Zip Code	M	D	Y	Amount	n r 00
Westerville	O H	43082	0 9	2 5	0 9		25.00

Page	Total	\$ 238.00

^{*} 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)]