

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|---|---------------|---------------|--|------------------------|--|
| Name of Committee in Full Our Community Our Schools | | | | | | | |
| Full Name of Contributor Julie McGuff | | | | | Registration Number, if PAC | | |
| Street Address 2768 Cooper Ridge Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43231 | M 0 | D 9 | Y 2 | Amount 25.00 | |
| Full Name of Contributor Gregory Mitchell | | | | | Registration Number, if PAC | | |
| Street Address 3980 Judson Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43207 | M 0 | D 9 | Y 2 | Amount 20.00 | |
| Full Name of Contributor Ann Romero | | | | | Registration Number, if PAC | | |
| Street Address 1075 Weatherwood Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Westerville | State O H | Zip Code 43082 | M 0 | D 9 | Y 2 | Amount 25.00 | |
| Full Name of Contributor Jonathan Boyd | | | | | Registration Number, if PAC | | |
| Street Address 5904 Treven Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Westerville | State O H | Zip Code 43081 | M 0 | D 9 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Brittany Riesen | | | | | Registration Number, if PAC | | |
| Street Address 1022 Chicory Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Celina | State O H | Zip Code 45822 | M 0 | D 9 | Y 2 | Amount 38.00 | |
| Full Name of Contributor Marianne Troutman | | | | | Registration Number, if PAC | | |
| Street Address 7302 Berkely Square N | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City New Albany | State O H | Zip Code 43054 | M 0 | D 9 | Y 2 | Amount 30.00 | |
| Full Name of Contributor Peggy Mefferd | | | | | Registration Number, if PAC | | |
| Street Address 609 Bridgewater Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Westerville | State o h | Zip Code 43082 | M 0 | D 9 | Y 2 | Amount 25.00 | |
| Full Name of Contributor Lori Malicoate | | | | | Registration Number, if PAC | | |
| Street Address 6954 Springview Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Westerville | State O H | Zip Code 43082 | M 0 | D 9 | Y 2 | Amount 25.00 | |

* 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 \$ 238.00