

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor William Peak					Registration Number, if PAC		
Street Address 5472 Blackhawk forest Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O h	Zip Code 43082	M 0	D 9	Y 2	Amount 70.00	
Full Name of Contributor Collins McGeorge					Registration Number, if PAC		
Street Address 649 Kingfisher Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 0	D 9	Y 1	Amount 90.00	
Full Name of Contributor Laura McCoy					Registration Number, if PAC		
Street Address 589 Willow Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 1	D 0	Y 7	Amount 50.00	
Full Name of Contributor Teresa Vargo					Registration Number, if PAC		
Street Address 08 Lyndale Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 1	D 0	Y 6	Amount 10.00	
Full Name of Contributor Trevor Kielmeyer					Registration Number, if PAC		
Street Address 80 Hampton Park W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 1	D 0	Y 9	Amount 70.00	
Full Name of Contributor Jack Elliott					Registration Number, if PAC		
Street Address 4425 Castle Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Alexandria	State o h	Zip Code 43001	M 1	D 0	Y 6	Amount 70.00	
Full Name of Contributor Tim Marburger					Registration Number, if PAC		
Street Address 5218 Ainsley Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 1	D 0	Y 7	Amount 65.00	
Full Name of Contributor Lisa Fields					Registration Number, if PAC		
Street Address 308 N Belmar Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Revoldsburg	State o h	Zip Code 43068	M 1	D 1	Y 1	Amount 50.00	

* 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 \$ 475.00