

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Leslie Larrison					Registration Number, if PAC		
Street Address 121 Glade Springs Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1	D 0	Y 2 3 0 9	Amount 25.00	
Full Name of Contributor James Cowman					Registration Number, if PAC		
Street Address 179 Olentangy St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43081	M 1	D 0	Y 2 3 0 9	Amount 25.00	
Full Name of Contributor Kristin Hunt					Registration Number, if PAC		
Street Address 2230 Dixon St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 1	D 0	Y 2 3 0 9	Amount 15.00	
Full Name of Contributor Kurt Yancey					Registration Number, if PAC		
Street Address 3448 Katie Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 2 3 0 9	Amount 100.00	
Full Name of Contributor Fred Tombaugh					Registration Number, if PAC		
Street Address 1159 Lori Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 3 0 9	Amount 50.00	
Full Name of Contributor Elizabeth Jelkin					Registration Number, if PAC		
Street Address 184 E Park Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 3 0 9	Amount 25.00	
Full Name of Contributor Jeffrey Bracken					Registration Number, if PAC		
Street Address 710 Westray Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 3 0 9	Amount 25.00	
Full Name of Contributor Joan Macrae					Registration Number, if PAC		
Street Address 74 Orchard Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 2 3 0 9	Amount 100.00	

* 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 \$ 365.00