

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Laura Ferguson					Registration Number, if PAC		
Street Address 6566 Charles Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2 3 0 9	Amount 41.00	
Full Name of Contributor Jeanne Roth					Registration Number, if PAC		
Street Address 1590 W Choctaw Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City London	State O H	Zip Code 43140	M 1	D 0	Y 2 3 0 9	Amount 50.00	
Full Name of Contributor James Grannis					Registration Number, if PAC		
Street Address 3142 Edgefield Road		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 75.00	
Full Name of Contributor Richard Gary					Registration Number, if PAC		
Street Address 374 Delaware Dr		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 Angela Leone					Registration Number, if PAC		
Street Address 5766 Ulry Ct		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 Howard Baum					Registration Number, if PAC		
Street Address 28 Keethler Drive North		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 5 0 9	Amount 50.00	
Full Name of Contributor Timothy Allen					Registration Number, if PAC		
Street Address 23 S Hempstead Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 5 0 9	Amount 10.00	
Full Name of Contributor Rodney Johnson					Registration Number, if PAC		
Street Address 3923 Malay Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 1	D 0	Y 2 5 0 9	Amount 75.00	

* 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 \$ 401.00