

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Crystal Harris					Registration Number, if PAC		
Street Address 8448 Flowering Cherry Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State o h	Zip Code 43004	M 1 0	D 0 7	Y 1 1	Amount 100.00	
Full Name of Contributor Gregory Viebranz					Registration Number, if PAC		
Street Address 7992 Brookpoint Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 1 0	D 0 7	Y 1 1	Amount 100.00	
Full Name of Contributor Antony Robertson					Registration Number, if PAC		
Street Address 5559 Genoa Farms Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 0 9	D 2 7	Y 1 1	Amount 45.00	
Full Name of Contributor Kenneth McDonough					Registration Number, if PAC		
Street Address 992 Walsingham Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 0 9	D 2 9	Y 1 1	Amount 88.00	
Full Name of Contributor Linda Cramer					Registration Number, if PAC		
Street Address 90 Spring Creek		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 0 9	D 2 8	Y 1 1	Amount 85.00	
Full Name of Contributor Paul Schkolnik					Registration Number, if PAC		
Street Address 342 Harrongate Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 0 9	D 2 9	Y 1 1	Amount 50.00	
Full Name of Contributor William Britton					Registration Number, if PAC		
Street Address 4860 Lakeview Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State o h	Zip Code 43065	M 0 9	D 2 7	Y 1 1	Amount 70.00	
Full Name of Contributor Cathy Twyman					Registration Number, if PAC		
Street Address 8150 Garden Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State o h	Zip Code 43147	M 0 9	D 2 7	Y 1 1	Amount 20.00	

* 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 \$ 558.00