

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community, Our Schools									
Full Name of Contributor Kevin & Lauren Hoffman						Registration Number, if PAC			
Street Address 1147 Tidewater Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 3	Y 0	Amount 100.00			
Full Name of Contributor Westerville Education Association						Registration Number, if PAC			
Street Address 519 South Otterbein Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0	D 2	Y 2	Amount 2,000.00			
Full Name of Contributor NE Westerville Reality Association						Registration Number, if PAC			
Street Address N/A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0	D 3	Y 0	Amount 1,000.00			
Full Name of Contributor Robert & Elizabeth Krile						Registration Number, if PAC			
Street Address 5163 Saint Andrews Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 3	Y 1	Amount 50.00			
Full Name of Contributor Richard & Teresita Rano						Registration Number, if PAC			
Street Address 4682 Saint Andrews Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 3	Y 0	Amount 250.00			
Full Name of Contributor Lawrence & Tiffany Jenkins						Registration Number, if PAC			
Street Address 211 East Schrock Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0	D 3	Y 1	Amount 200.00			
Full Name of Contributor Lauterbach & Eilber, Inc.						Registration Number, if PAC			
Street Address 1721 Bethel Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43220	M 0	D 3	Y 0	Amount 500.00			
Full Name of Contributor Continental Office Furniture Corp						Registration Number, if PAC			
Street Address 2601 Silver Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43229	M 0	D 3	Y 1	Amount 200.00			

* 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 \$ 4,300.00