

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Dwight Black					Registration Number, if PAC		
Street Address 16272 Sycamore Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mt Vernon	State O H	Zip Code 43050	M 1	D 0	Y 0	Amount 80.00	
Full Name of Contributor Anne Bates					Registration Number, if PAC		
Street Address 167 Granby Place West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 0	Amount 75.00	
Full Name of Contributor Nyesha Clayton					Registration Number, if PAC		
Street Address 6937 Britwell Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Kendall Harris					Registration Number, if PAC		
Street Address 1232 Canterhurst St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1	D 0	Y 0	Amount 70.00	
Full Name of Contributor Ellen McKee					Registration Number, if PAC		
Street Address 6571 Masefield St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Kellie Sheely					Registration Number, if PAC		
Street Address 538 Brideford Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 0	Amount 43.00	
Full Name of Contributor Venessa Williams					Registration Number, if PAC		
Street Address 5333 Bressler Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 0	Amount 40.00	
Full Name of Contributor Kathy Bechtol					Registration Number, if PAC		
Street Address 2804 Pointewood Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 1	D 0	Y 0	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 \$ 403.00