

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Debra Stoner					Registration Number, if PAC		
Street Address 400 W Orange Road		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 30.00	
Full Name of Contributor Michelle Mason					Registration Number, if PAC		
Street Address 1347 Hideaway Woods Dr, Apt D		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 Gena Moore					Registration Number, if PAC		
Street Address 7515 Eagle Trace Drive		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 20.00	
Full Name of Contributor Joseph Carr					Registration Number, if PAC		
Street Address 1336 Ridgeview Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 1	D 0	Y 2 3 0 9	Amount 40.00	
Full Name of Contributor Debra Pellington					Registration Number, if PAC		
Street Address 192 Ravine Ridge Rd S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 2 3 0 9	Amount 30.00	
Full Name of Contributor Amy Levine					Registration Number, if PAC		
Street Address 181 Monroe 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 82.00	
Full Name of Contributor Kimberly Cody					Registration Number, if PAC		
Street Address 6309 Interlachen Ave		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 4.00	
Full Name of Contributor Linda Davis					Registration Number, if PAC		
Street Address 1110 Blue Heron Drive		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 25.00	

* 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)]