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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	1100011000 03 01	occording of State Stud				
Name of Committee in Full					el and Commercial Comm	
Our Community, Our Schools						
Full Name of Contributor			Registrat	ion Numb	n, if PAC	
Amy Miller						
Street Address	Employer/Occupa	rtion/Labor Organization*				Form (Cash, Check, etc.)
1629 Six Point Court						credit card
City	State	Zip Code	М	D	Y	Amount
Worthington	OH	43085	0   4	2 0	0 9	50.00
Full Name of Contributor				ion Numbe		
Brent Foley						
Street Address	Employer/Occupa	tion/Labor Organization×	<u>b</u>	Observation and Chinese states		Form (Cash, Check, etc.)
33 N Trine Street		-				credit card
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	ОН	43011	$0 \mid 4$	1	1 1	1
Full Name of Contributor		10011		ion Numbe		100.00
David Price					., 1110	
Street Address	Employer/Decama	tion/Labor Organization*				Form (Cash, Check, etc.)
3583 Pamela Drive		organication				credit card
City	State	Zip Code	М	D	У	Amount
Gahanna	OH	43230	1	I	1	100.00
Full Name of Contributor		1 40200	0 4	2 0	0 9	100.00
Peter Macrae			wegistrati	ION TARBUME	r, n rac	
Street Address	[Employeed Comma	tion/Labor Organization*			Compression Communication	Ir
74 Orchard Drive	Trubio seri o ccoba	dourgoor ordanisadou				Form (Cash, Check, etc.)
City	State	Zip Code	1 3 (	T 75.1	1 77	credit card
<b>a</b> `	l		M	D	Y	Amount
Worthington Full Name of Contributor	O   H	43085	04		0 9	100.00
			Kegistrati	on Numbe	r, t PAC	
Name not provided on website	- In 1 10					
	Employer/Uccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
under investigation				· · · · · · · · · · · · · · · · · · ·		credit card
City	State	Zip Code	M	D	Y	Amount
			0 4			25.00
Full Name of Contributor			Registrati	on Numbe	r, if PAC	
				7 45-07-08-00-00-00-00-00-00-00-00-00-00-00-00-	Sinon harizaanna grana ang	
Street Address	Employer/Occupa	tion/Labor Organization×				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registrati	on Numbe	r, if PAC	
Street Address	Employer/Occupat	tion/Labor Organization×	B. Andrewson and	***************************************		Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registrati	on Numbe	r. if PAC	
Street Address	Employer/Occupat	ion/Labor Organization×		***************************************		Form (Cash, Check, etc.)
						I wante amaged good
City	State	Zip Code	М	D	Y	Amount
			***	-	-	man rev MESS
		I				

Page Total\$	375.00
· -	070.00

<sup>\*</sup> 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]]