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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Manager Committee in Tail									
Name of Committee in Full									
Our Community, Our Schools				Registration Number, if PAC					
Name of Contributor				Registration Painteer, it I H C					
Robert Hoffman	In 1	ation/Labor Organization*				Form (Cash, Check, etc.)			
Street Address	Emblohett Occobe	MOULT 9001. O E ÂGUS 5 GRANT							
106 Executive Court	C. I	In C.J.	117	ъ	Y	credit card			
City	State	Zip Code	M	D		50.00			
Westerville	O H	43081	0 4	2 4 on Numbe	0 9	30.00			
Full Name of Contributor			Kegistrati	on Numbe	r,πrac				
Jason Yanni				***************************************		70101			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
21 Honey Court				,		credit card			
City	State	Zip Code	M	D	Y	Amount			
Westerville	O H	43081	0 4			100.00			
Full Name of Contributor			Registrati	on Numbe	r, if PAC				
Jerri Shearer					V/000000				
Street Address	Employer/Occupa	ation/Labor Organization×				Form (Cash, Check, etc.)			
1006 Landinds Loop N						credit card			
Citý	State	Zip Code	М	D	Y	Amount			
Westerville	O H	43082	$0 \mid 4$	2 7	0 9	50.00			
Full Name of Contributor			Registrat	ion Numbe	r, if PAC				
Street Address Employer/Occupation/Labor Organization×						Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor			Registrat	ion Numbe	r, if PAC				
Tail Marile of Controstor			000						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
article Address		-							
City	State	Zip Code	М	D	Y	Amount			
city									
Full Name of Contributor			Registral	ion Numb	er. if PAC				
Little Mains of Coliferantor			9						
Street Address	Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
Street Address	Limployerroccup	adding a decided and a decided							
C)	State	Zip Code	М	D	У	Amount			
City	Jide	hip code	1,1		-				
			Registes	tion Numb	er if PAC				
Full Name of Contributor			registra	don at anno	01,11110				
	IF 1 10	E. T. L. O				Form (Cash, Check, etc.)			
Street Address	Employer/Occupation/Labor Organization×					Totali (cash, check, etc.)			
	2	In: a v	1.77	1 5	Y	Amount			
City	State	Zip Code	M	D	Y	Amount			
				<u>, , , , , , , , , , , , , , , , , , , </u>	1,5,0				
Full Name of Contributor			Kegistra	tion Numb	er,πPAL				
						Ar /C. M. T.			
Street Address	Employer! Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
									
City	State	Zip Code	M	D	Y	Amount			

* 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 \$ 200.00