31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools							
Full Name of Contributor						**Registration Number, if PAC**	
Kimi Dodds							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
186 Monroe Ln							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	o | h	43081	0 | 9	3 | 0	1 | 1		90.00
Full Name of Contributor						**Registration Number, if PAC**	
Robert Brooks							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
187 W Selby Blvd							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Worthington	o | h	43085	0 | 9	2 | 7	1 | 1		90.00
Full Name of Contributor						**Registration Number, if PAC**	
Cher Iannarina							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5298 Medallion Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	o | h	43082	0 | 9	2 | 9	1 | 1		40.00
Full Name of Contributor						**Registration Number, if PAC**	
Elizabeth Czekanski							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4667 Cautela Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	o | h	43081	0 | 9	2 | 6	1 | 1		75.00
Full Name of Contributor						**Registration Number, if PAC**	
Michael Huler							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
605 Berkeley Pl							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	o | h	43081	0 | 9	2 | 8	1 | 1		85.00
Full Name of Contributor						**Registration Number, if PAC**	
Stephanie Matushoneck							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
524 Bellfrey Ct							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	o | h	43082	0 | 9	2 | 7	1 | 1		85.00
Full Name of Contributor						**Registration Number, if PAC**	
Mike Denney							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
797 Linncrest Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	o | h	43081	1 | 0	0 | 3	1 | 1		80.00
Full Name of Contributor						**Registration Number, if PAC**	
Jonathan Langhals							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
605 Kentucky Circle							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Marysville	o | h	43040	1 | 0	0 | 2	1 | 1		40.00

* 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 $ 585.00