Statement of Contributions Received

Prescribed by Secretary of State 3/05

			i i i i i i i i i i i i i i i i i i i				
Name of Committee in Full							
Our Community Our Schools Full Name of Contributor			Dogiotza	otion Nive	show if D	A.C.	
			Registra	ation Nun	nber, if Pa	AC	
Linda Komlos Street Address	Employer/Occur	pation/Labor Organization*			Sandy Andrews Albertanis	Form (Cash, Ch	and and
	Employer/Occup	pation/Labor Organization"					ieck, etc.)
383 Ashford Drive	State	Zip Code	1 37	T 5	T 37	Check	
Westerville	OH	43082	$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	D 1 6	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount	20.00
Full Name of Contributor		720002	LEAST TO A CONTRACT OF THE PARTY OF THE PART	tab endote tables with severe	ber, if P	A.C.	20.00
April Mann			i i gioure				
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	neck etc.)
290 Baldwin Ct	, , , , , , , , , , , , , , , , , , , ,					Check	,,
City	State	Zip Code	M	D	Y	Amount	***************************************
Westerville	$O \mid H$	43082	1 0	1 6	0 9		100.00
Full Name of Contributor	<u> </u>	10001	alajanji kalegiri maraki majaran	and a played law of a higher party on	ber, if P	AC	1.00.00
Shani Lynn Rogers							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4360 Big Walnutview					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43230	1110	1 6	0 9		15.00
Full Name of Contributor					ber, if P	AC	
David Walker			es de la constante de la const				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck, etc.)
573 Peach Street						Check	
City	State	Zip Code	M	D	Y	Amount	400000000000000000000000000000000000000
Westerville	O H	43082	1 0	1 6	0 9		75.00
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC	
Rebecca Brulport			and				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
1208 Three Forks Drive S						Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	O H	43081	1 0	1 6	0 9		50.00
Full Name of Contributor			Registra	ation Nun	iber, if Pa	AC	
Kimberly Buzard			. Luminion in the second				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck, etc.)
291 Cross Country Drive S	***************************************		***************************************			Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081			0 9		55.00
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC	
Chad Clark				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)
839 Tree Bend Dr		T: -	1 1/	1 -	1 57	Check	***************************************
City	State	Zip Code	M	D	Y	Amount	m 0.00
Westerville		43082		16			50.00
Full Name of Contributor			Kegistra	ation Nun	iber, if Pa	AC	
Jerry Elliott	IE	action /I about Organization*	_			Eorm (Coch Ch	and ato
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5580 Shiloh Springs Dr	Ctata	Zip Code	M	D	Y	Check Amount	***************************************
City	State O H	i "		1 .		Ĭ	150.00
Westerville	I O H	43082	$ \mathbf{I}\mathbf{I} \mathbf{U}$	16	10 9		150.00

* 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 \$ 515.00