

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Elizabeth Wiand					Registration Number, if PAC		
Street Address 6291 Cheyenne Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 0 9	D 2 5	Y 0 9	Amount 50.00	
Full Name of Contributor William Heinmiller					Registration Number, if PAC		
Street Address 571 Thistle Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 5	Y 0 9	Amount 50.00	
Full Name of Contributor Sibyl Carr					Registration Number, if PAC		
Street Address 1112 E College Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 9	D 2 5	Y 0 9	Amount 79.00	
Full Name of Contributor Nancy Haynam					Registration Number, if PAC		
Street Address 560 Leacrest Place W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 9	D 2 5	Y 0 9	Amount 100.00	
Full Name of Contributor Mark Buxton					Registration Number, if PAC		
Street Address 170 Greenglade Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 9	D 2 5	Y 0 9	Amount 80.00	
Full Name of Contributor Christine Ritts					Registration Number, if PAC		
Street Address 4483 Scissortail Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 9	D 2 5	Y 0 9	Amount 60.00	
Full Name of Contributor Stepanie Sahr					Registration Number, if PAC		
Street Address 6335 Johnstown Utica Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Johnstown	State o h	Zip Code 43031	M 0 9	D 2 5	Y 0 9	Amount 46.11	
Full Name of Contributor Carol Valentine					Registration Number, if PAC		
Street Address 5625 Greystone Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 9	D 2 5	Y 0 9	Amount 50.00	

* 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)]