	40
Page	19

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					00000000000000000000000000000000000000	V/03/2004/10/2004			
Our Community Our Schools									
Full Name of Contributor				Registra	Registration Number, if PAC				
Elizabeth Wiand									
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
6291 Cheyenne Creek Dr			-				Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Lewis Center	10	Н	43035	0 9	2   5	0 9		50.00	
Full Name of Contributor					POWER STREET,	nber, if P	AC		
William Heinmiller									
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
571 Thistle Ave	O. C.						Check		
City	St	ate	Zip Code	M	D	Y	Amount	***************************************	
Gahanna		Н	43230	0 9	2   5	0 9		50.00	
Full Name of Contributor				THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	Compression and Compression an	nber, if P	AC		
Sibyl Carr				6310000					
Street Address	Employe	Employer/Occupation/Labor Organization*			VA()+004-200-2004-0		Form (Cash, Che	ck, etc.)	
1112 E College Ave							Check		
City	St	ate	Zip Code	M	D	Y	Amount	200000000000000000000000000000000000000	
Westerville	0	Н	43081	0 9	2 5	0 9		79.00	
Full Name of Contributor				Registra	tion Nun	nber, if P	AC		
Nancy Haynam									
Street Address	Employe	er/Occup	ation/Labor Organization*	Access constitute process and section of	ellende klanklik (1964)		Form (Cash, Che	eck, etc.)	
560 Leacrest Place W							Check		
City	St	ate	Zip Code	M	D	Y	Amount	***************************************	
Westerville		H	43081	0 9	2 5	0 9		100.00	
Full Name of Contributor		***************************************		Registra	tion Nun	nber, if Pa	AC		
Mark Buxton					000 AND	20111100000000000000000000000000000000			
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
170 Greenglade Ave							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Worthington	0	H	43085	0 9	2 5			80.00	
Full Name of Contributor				Registra	tion Nun	nber, if Pa	AC		
Christine Ritts		***************************************				***************************************			
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4483 Scissortail Loop			-		·	nimano menonana	Check		
City	i	ate	Zip Code	M	D	Y	Amount		
Westerville		Н	43081	0 9	2   5	0 9		60.00	
Full Name of Contributor				Registra	tion Nun	nber, if P.	AC		
Stepanie Sahr	acamoniosano antiga acamonio antiga a	···········							
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
6335 Johnstown Utica Road						1	Check		
City	St	ate	Zip Code	M	D	Y	Amount	4 / 11 11	
Johnstown	0	h	43031	0 9	Seuscentration production and produc			46.11	
Full Name of Contributor				Kegistra	tion Nun	nber, if P.	AC		
Carol Valentine	J		ation/Kahan Onii		over the second		Form (Coch Ch.	ook oto \	
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5625 Greystone Lane		^+^	7:n Codo	1 34	T 75	Y	Check Amount	01011111111111111111111111111111111111	
City	_	ate H	Zip Code	M	D	1	2 MIOUIR	50.00	
Hilliard	10	11	43026	10 9	2 5	1019		50.00	

Page Total \$ 515.11	
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<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)]