

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools							
Full Name of Contributor			Registrat	Registration Number, if PAC			
Mary Joy Rose			_				
Street Address	Employer/Occup	ation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
2945 Berry Lane Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43231	1 0	0   5	0 9	50.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC	
Curt Jackowski							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7820 Talon Circle						Credit Card	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O   H	43082	1 0	0 6	0 9	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
No name							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
		· ·		<del>,</del>		Credit Card	
City	State	Zip Code	M	D	Y	Amount	
				0 6		20.00	
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Jeffrey Gale				***************************************		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*						
6429 Bromfield	Ctata	Zip Code	l M	D	Y	Credit Card	
City	State H	1 -	M		1 .	50.00	
Westerville Full Name of Contributor	JO H	<u>  43082</u>	1 0		ber, if P		
			Registra	uon rum	1001, 11 1 2		
Robert Frost PTA Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
270 N Spring Road	Zimprojon occupation zucot organization					Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Westerville	$O \mid H$	43082	110	0 8	0 9	100.00	
Full Name of Contributor		1 2000		Same and the second second	ber, if P		
Iim Gaul							
Street Address	Employer/Occup	oation/Labor Organization*		yezyezenenenii.		Form (Cash, Check, etc.)	
117 Linabary Ave						Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Westerville	OH	43081	1 0	0 9	0 9	50.00	
Full Name of Contributor			Registra	tion Nun	ber, if P.	AC	
Ann Dorne							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5524 Rushden Drive				Credit Card			
City	State	Zip Code	M	D	Y	Amount	
Gahanna	0 h	43230	1 0				
Full Name of Contributor			Registra	tion Nun	ber, if P.	AC	
Lance Holmes						Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				2		
5673 Tussic Street	State Zip Code M D Y			Credit Card			
City	State H	Zip Code	$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	1	0 9	Amount 50.00	
Westerville	totavuida and general assembly ca	43082		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh			

\* 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 \$ 500.00