| Page 8 |
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| |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| E-zational | | | | | | |
|--------------------------------------|---|----------------------------|--------------------------------|---|--------------------------|--|
| Name of Committee in Full | | | | | | |
| Our Community Our Schools | | | | | | |
| ull Name of Contributor | | | Registration Number, if PAC | | | |
| Janet Johnson | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Ca | Form (Cash, Check, etc.) | |
| 104 Hillcrest Drive | | | Check | | | |
| City | State | Zip Code | M D | Y Amount | CIA | |
| Westerville | OH | 43081 | 1 0 1 6 | 2 | 25.00 | |
| Full Name of Contributor | | 1 10001. | Registration Numb | | 23.00 | |
| Sherri Love | | | 2 cognotion i vanto | ici, ii 1710 | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Co | ch Chaok ata | |
| 155 Moorfield Drive | 2 | pation Baoor Organization | Form (Cash, Check, etc.) Check | | | |
| City | State | Zip Code | M D | | C.K | |
| Gahanna | OH | 1 - | 1 1 1 | | 100.00 | |
| Full Name of Contributor | | 43230 | 1016 | | 100.00 | |
| | | | Registration Numb | er, if PAC | | |
| Carolyn Moseman Street Address | I Employer/Occur | pation/Labor Organization* | | | | |
| | Employer/Occu | pation/Labor Organization* | | B · | Form (Cash, Check, etc.) | |
| 9031 Killochan Ct _{City} | | Tat a | | Che | ck | |
| · | State | Zip Code | M D | Y Amount | | |
| Dublin | O H | 43017 | | 0 9 | 20.00 | |
| Full Name of Contributor | Registration Number, if PAC | | | | | |
| Deborah Towarnicky | | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | Form (Cash, Check, etc.) | | | |
| 20 Rundlet Ct | | | Check | | | |
| City | State | Zip Code | M D | Y Amount | | |
| Westerville | O H | 43081 | 1016 | 0 9 | 50.00 | |
| Full Name of Contributor | | | Registration Number | er, if PAC | | |
| Susan Bunting | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | | sh, Check, etc.) | |
| 10514 Sage Creek Drive | | | | Che | ck | |
| City | State | Zip Code | M D | Y Amount | | |
| Galena | OH | 43021 | 1 0 1 6 | 0 9 | 100.00 | |
| Full Name of Contributor | | | Registration Number | THE COUNTY OF THE PARTY OF THE | | |
| Linda Davis | | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | | Form (Cas | h, Check, etc.) | |
| 3002 Minerva Lake Road | | | | Chec | Check | |
| City | State | Zip Code | M D | Y Amount | | |
| Columbus | OH | 43231 | 1 0 1 6 | 0 9 | 30.00 | |
| Full Name of Contributor | | | Registration Number | | 00.00 | |
| Steven Deringer | | | | | | |
| Street Address | Employer/Occur | pation/Labor Organization* | | Form (Cas | h, Check, etc.) | |
| 1292 Royal Oak Drive | Supreyer Steep wood Sugarization | | | Chec | | |
| City | State | Zip Code | M D | Y Amount | _N | |
| Lewis Center | $O \mid H$ | 43035 | 1 . 1 . 1 | 0 9 | 100.00 | |
| Full Name of Contributor | 1011 | 1 43000 | Registration Number | | 100.00 | |
| | | | Registration (Vanio | a, ii i AC | | |
| Lisa Guseman Street Address | Employed/O | ootion/Labor Oranaization* | | Teams (Co. | b Chaole -t- | |
| | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| 7132 Upper Cambridge Way | ~ | Ta: a.t. | 7.7. | Chec | :K | |
| City | State | Zip Code | M D | Y Amount | - | |
| Westerville | I O H | 43082 | 1 0 1 6 0 | 0 9 | 50.00 | |

Page Total \$ 475.00

^{*} 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)]