

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Laura Hance					Registration Number, if PAC		
Street Address 475 Landings Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 1	Amount 83.00	
Full Name of Contributor Corinne Kelley					Registration Number, if PAC		
Street Address 229 N State Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 1	Amount 35.00	
Full Name of Contributor Kathleen Paolini					Registration Number, if PAC		
Street Address 8997 Eilizland		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Sarah Shaffer					Registration Number, if PAC		
Street Address 230 Leland Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Miriam Herrick					Registration Number, if PAC		
Street Address 2572 Sweet Clover Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 1	D 0	Y 1	Amount 105.00	
Full Name of Contributor Linda Mitten					Registration Number, if PAC		
Street Address 259 Caro Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Kristina Roggenkamp					Registration Number, if PAC		
Street Address 601 E Jeffrey Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 1	Amount 40.00	
Full Name of Contributor Susan Baker					Registration Number, if PAC		
Street Address 2579 Snouffer Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 1	Amount 82.00	

* 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 \$ 545.00