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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Our Community Our Schools									
Full Name of Contributor			Dagistro	tion Nur	nber, if P.	A.C.			
Laura Hance			Registra	mon ivui	noer, n r	AC			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Coch, Ch	aals ata \		
475 Landings Loop	Employer/occup				Form (Cash, Check, etc.)				
City	State	17:- C-1-	7 77	7	7	Check			
	1 - 1 - 1 - 1	Zip Code	M	D	Y	Amount	00.00		
Westerville Full Name of Contributor	IO H	43082	1 0	The second second			83.00		
Action Manor, in the									
Corinne Kelley Street Address			_		Andrew Action Action		MANAGANG SPORTS STATE OF THE SPORTS OF THE S		
	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)		
229 N State Street City	<u> </u>			Y	7	Check			
	State	Zip Code	M	D	Y	Amount			
Westerville	$\mid O \mid H \mid$	43081	1 0	1 6	0 9		35.00		
Full Name of Contributor			Registra	tion Nun	nber, if P	AC			
Kathleen Paolini				PN7014090010000000000000000000000000000000					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)			
8997 Eilizland						Check			
City	State	Zip Code	M	D	Y	Amount			
Powell	OH	43065	1 0	1 6	0 9		50.00		
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC			
Sarah Shaffer									
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Che	eck, etc.)		
230 Leland Avenue						Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43214	1 0	1 6	0 9		50.00		
Full Name of Contributor			Registra	CONTRACTOR OF STREET	ber, if P	AC			
Miriam Herrick									
Street Address	Employer/Occupa	ation/Labor Organization*	***************************************	erromentalization		Form (Cash, Che	eck, etc.)		
2572 Sweet Clover Lane						Check			
City	State	Zip Code	M	D	Y	Amount			
Galena	OH	43021	1 0	1 6	0 9		105.00		
Full Name of Contributor			to the second second	COMPANDADADA A SOCIALISM	ber, if PA	AC			
Linda Mitten									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)		
259 Caro Place						Check	,		
City	State	Zip Code	М	D	Y	Amount			
Gahanna	$O \mid H$!	1110	1 6	0 9		100.00		
Full Name of Contributor	<u> </u>	1 10 110			ber, if PA		100,00		
Kristina Roggenkamp					•				
Street Address	Employer/Occupa	ation/Labor Organization*			38.443.33 <u>11.23.23.23.23.2</u>	Form (Cash, Che	eck. etc.)		
601 E Jeffrey Place	1 .,					Check	,,		
City	State	Zip Code	M	D	Y	Amount			
Columbus	ОН	43214	1 0		I . I		40.00		
Full Name of Contributor		10211		AND DESCRIPTION OF THE PARTY OF		\C	₹0.00		
Full Name of Contributor Registration Number, if PAC Susan Baker									
Street Address	Employer/Occurr	ation/Labor Organization*	<u></u>			Form (Cash, Che	ock etc.)		
	Lampioyer/Occupa	mon Davor Organization				l	лк, си. <i>)</i>		
2579 Snouffer Place	State	Zip Code	M	D	Y	Check Amount	***************************************		
•	1	-	1 . 1		1	AHOUN	00.00		
Columbus	ОГП	43235	110	1 6	0 9		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