

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Amy Protlewait					Registration Number, if PAC		
Street Address 5515 Grand Oak Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 1	D 0	Y 2	Amount 10.00	
Full Name of Contributor Kimberly Shawyer					Registration Number, if PAC		
Street Address 5787 Clear Stream Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 15.00	
Full Name of Contributor Amy McCoy					Registration Number, if PAC		
Street Address 7641 Covington Springs Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	Amount 58.00	
Full Name of Contributor Kimberly Perrone					Registration Number, if PAC		
Street Address 1045 Barrington Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Kathleen Ancien					Registration Number, if PAC		
Street Address 9097 Oakwood Pt		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Amy Lawrence					Registration Number, if PAC		
Street Address 5452 Grand Oak Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 1	D 0	Y 2	Amount 10.00	
Full Name of Contributor Kimberly Cody					Registration Number, if PAC		
Street Address 6309 Interlachen Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	Amount 20.00	
Full Name of Contributor James Brady					Registration Number, if PAC		
Street Address 2231 Barnet Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 1	D 0	Y 2	Amount 75.00	

* 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 \$ 288.00