

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Richard Bannister					Registration Number, if PAC		
Street Address 124 Hampton Park East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville,	State O H	Zip Code 43081	M 0	D 9	Y 1 1	Amount 100.00	
Full Name of Contributor David J. Baker					Registration Number, if PAC		
Street Address 556 Eastmoor Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus,	State O H	Zip Code 43209	M 0	D 9	Y 1 1	Amount 250.00	
Full Name of Contributor Stephanie M. Donofe					Registration Number, if PAC		
Street Address 2864 Heatherleaf Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus,	State O H	Zip Code 43231	M 0	D 9	Y 1 1	Amount 80.00	
Full Name of Contributor Marcy J. Ey					Registration Number, if PAC		
Street Address 7672 Danbridge Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43082	M 0	D 9	Y 1 1	Amount 100.00	
Full Name of Contributor Christine Doolittle					Registration Number, if PAC		
Street Address 232 East Schrock Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43081	M 0	D 9	Y 1 1	Amount 100.00	
Full Name of Contributor Machelle K. Kline					Registration Number, if PAC		
Street Address 50 Stonestrow Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Alexandria,	State O H	Zip Code 43001	M 0	D 9	Y 1 1	Amount 100.00	
Full Name of Contributor Mollie Erin Sterling Lynch					Registration Number, if PAC		
Street Address 722 W. Winmar Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43081	M 0	D 9	Y 1 1	Amount 50.00	
Full Name of Contributor Vicki Williams					Registration Number, if PAC		
Street Address 6765 Brookstone Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43082	M 0	D 9	Y 1 1	Amount 20.00	

* 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)]