

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Kristine Robbins						Registration Number, if PAC			
Street Address 106 Bellefield			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor Jay Schroeder						Registration Number, if PAC			
Street Address 7518 Park Bend Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43082	M 1	D 0	Y 0	Amount 25.00		
Full Name of Contributor Tonia Tombaugh						Registration Number, if PAC			
Street Address 1158 Lori Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 0	Amount 25.00		
Full Name of Contributor William Goldner						Registration Number, if PAC			
Street Address 737 Corgi Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 1	D 0	Y 0	Amount 25.00		
Full Name of Contributor Anne Rebman						Registration Number, if PAC			
Street Address 483 Michael Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 0	Amount 50.00		
Full Name of Contributor No name						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City	State	H	Zip Code	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor Brent Foley						Registration Number, if PAC			
Street Address 33 North Trine St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester	State o	H h	Zip Code 43110	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor Trina & Kenneth Shanks						Registration Number, if PAC			
Street Address 6689 Wycliffe Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43082	M 1	D 0	Y 0	Amount 25.00		

* 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 \$ 450.00