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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			Registra	tion Num	ber, if PA	AC .	
Kristine Robbins							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	
106 Bellefield				***************************************		Credit C	ard
City	State	Zip Code	М	D	Y	Amount	400.00
Westerville	O H	43081	1 0		0 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Jay Schroeder							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	
7518 Park Bend Drive						Credit C	ard
City	State	Zip Code	M	D	Y	Amount	
Westerville	0 H	43082	1 0	0 1	0 9		25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Tonia Tombaugh							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1158 Lori Lane						Credit C	`ard
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	1 0	0 1	0 9		25.00
Full Name of Contributor				tion Num		АC	
William Goldner							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
737 Corgi Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	OH	43068	1 0	0 2	0 9		25.00
Full Name of Contributor		10000	ATTENDED TO THE PARTY OF THE PA	tion Num	CAMPAGNAMINE STREET	AC	
Anne Rebman							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
483 Michael Avenue	Disprojon Coouputon and Conguinemon				Check		
City	State	Zip Code	M	D	Y	Amount	
Westerville	$O \mid H$	43081	110	0 2	0 9		50.00
Full Name of Contributor		10001		tion Num		AC	
No name							
Street Address	Employer/Occu	pation/Labor Organization*		00000000000000000000000000000000000000		Form (Cash, Ch	eck, etc.)
on correct readings						Credit Card	
City	State	Zip Code	М	D	Y	Amount	JULI CL
City			1	0 2	nia	a	100.00
Full Name of Contributor				ation Num			100.00
Brent Foley					,		
Street Address	[Employer/Occu	pation/Labor Organization*			energe en	Form (Cash, Ch	eck. etc.)
	Employer, Geed	pation Euror Organization				Check	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
33 North Trine St	State	Zip Code	М	D	Y	Amount	ALLEH TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TO THE TOTAL
City	l h	i		F .	l .		100.00
Canal Winchester		43110		0 2		A.C.	100.00
Full Name of Contributor			Registra	ation Ivun	1001, 11 1	AC	
Trina & Kenneth Shanks	In. 1 20	anting /I about Occasionation				Form (Coch Ch	ack etc.)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card			
6689 Wycliffe Place		17'- C-1-	1 37	T 5	ΙΥ		_aru
City	State	Zip Code	M	D	i	Amount	3 E 00
Westerville	O H	43082	1 0	0 2	10 9		25.00

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Page 7	Total.	¢	450.00
1 agc	LOLAI	Ψ	430.00

^{*} 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)]