

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                   |               |   |               |               |                             |  |  |  |
|---|-------------------|---------------|---|---------------|---------------|-----------------------------|--|--|--|
| Name of Committee in Full<br><b>Our Community Our Schools</b> |                   |               |   |               |               |                             |  |  |  |
| Full Name of Contributor<br><b>Maria Petrozi</b>              |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>6509 Margaret Drive</b>                  |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Westerville</b>                                    | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43082</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>50.00</b>                         |  |  |
| Full Name of Contributor<br><b>Alane Meyers</b>               |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>6075 Jourdon Drive</b>                   |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Westerville</b>                                    | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43081</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>75.00</b>                         |  |  |
| Full Name of Contributor<br><b>Stephanie Lester</b>           |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>5948 Bridgehampton</b>                   |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>New Albany</b>                                     | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43054</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>40.00</b>                         |  |  |
| Full Name of Contributor<br><b>Scotti Smith</b>               |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>3011 Cooper Bluff Dr</b>                 |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Columbus</b>                                       | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43231</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>5.00</b>                          |  |  |
| Full Name of Contributor<br><b>Angela Lee</b>                 |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>594 Deer Trail</b>                       |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Westerville</b>                                    | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43082</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>25.00</b>                         |  |  |
| Full Name of Contributor<br><b>Jacqueline Hickey</b>          |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>5970 Sprinburn Dr</b>                    |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Dublin</b>   | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43017</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>40.00</b>                         |  |  |
| Full Name of Contributor<br><b>Heather Scheurer</b>           |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>6452 Bromfield Drive</b>                 |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Westerville</b>                                    | State<br><b>o</b> | h<br><b>h</b> | Zip Code<br><b>43082</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>50.00</b>                         |  |  |
| Full Name of Contributor<br><b>David Johnston</b>             |                   |               |   |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>566 Mawyer Drive</b>                     |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |  |  |
| City<br><b>Worthington</b>                                    | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43085</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>1</b>               | Amount<br><b>50.00</b>                         |  |  |

\* 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 \$ 335.00