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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		Registration Number, if PA				IC .	
Maria Petrozi				el pare de conservación de conservación de conservación de conservación de conservación de conservación de cons		F /6 · ~	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	
6509 Margaret Drive						Credit C	ard
City	State	Zip Code	M	D		Amount	F0 00
Westerville	LOLH	43082	0 9				50.00
Full Name of Contributor			Registrati	ion Num	ber, if PA	AC .	
Alane Meyers							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	
6075 Jourdon Drive						Credit C	ard
City	State	Zip Code	М	D	Y	Amount	75.00
Westerville	O H	43081	0 9	1 5 0 9 75.00 ion Number, if PAC			
Full Name of Contributor			Registrati	ion Num	per, if PA	AC .	
Stephanie Lester						Earn (Carlo Ci	nals ots
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
5948 Bridgehampton		In Contract of the Contract of	1 77 1	~	37	Credit C	ard
City	State	Zip Code	M	D	Y	Amount	40.00
New Albany	I O H	43054					40.00
Full Name of Contributor			Registrat	ion Num	ber, if P	AC	
Scotti Smith			necessario de la constante de	1072570000000000000000000000000000000000		Fr (C Ch	1
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	
3011 Cooper Bluff Dr		Te: A I	7 7, 1	~~~	T 37	Credit C	ard
City	State	Zip Code	M	D	Y	Amount	E 00
Columbus	OH	43231				A.C.	5.00
Full Name of Contributor			Registrat	ion num	iver, if Pa	40	
Angela Lee		(I also of the second				Form (Cook Ch	ack atc
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
594 Deer Trail		IZ- C-1	7 17	7	ΙΥ	Credit C	aru
City	State	Zip Code	M	D	1 .	Amoun	2E 00
Westerville	0 H	43082	0 9	necessary and the second	0 9 iber, if P	A.C.	25.00
Full Name of Contributor			Registrat	JOH NUIT	ioci, ii P	nc	
Jacqueline Hickey		Tohan Occasionias				Form (Cash, Ch	eck etc)
Street Address	Employer/Occup	oation/Labor Organization*				K	
5970 Sprinburn Dr		Trin Codo	14	D	Y	Credit C	aru
City	State O H	Zip Code	M			8	40.00
Dublin	O H	43017			0 9		40.00
Full Name of Contributor			Kegisirai	HOH INUII	ioci, il P.		
Heather Scheurer	T 1 10	estion A short Occasion tion			2002-000-000-000-000-000-000-000-000-00	Form (Cach Ch	eck etc.)
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
6452 Bromfield Drive		Tzin Codo	M	D	Y	Amount	<u>aru</u>
City	State	Zip Code		ì		z minoditi	50.00
Westerville	o h	43082	0 9 Registra		0 9	A C	50.00
Full Name of Contributor			Registra	uon Nun	noci, ii P	nc .	
David Johnston	[T	action/I shor Organization*		distribution and the second		Form (Cash, Ch	eck etc.)
Street Address	Employer/Occup	2p.c.j.t a a a post-			Credit C		
566 Mawyer Drive		17: Codo	М	D	ΙΥ	Amount	Jaiu
City	State	Zip Code	1 ,	١,	1	zmount	50.00
Worthington	OH	43085	0 9	1 7	0 9	the name of the	50.00

* 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 \$ 335.00
