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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Our Community Our Schools	20225000000000000000000000000000000000		P.~	on M	Jer it n	C
Full Name of Contributor			Registrati	ion Numt	uer, it PA	
Stephanie McGeorge	Tem-1- /^	otion/I shar O-sasi		Carrie Salanne	i i	Form (Cash, Check, etc.)
Street Address	Employer/Occup	ation/Labor Organization*				
649 Kingfisher Ct	C	7in Codo	M	D	Y	Credit Card
City VALcotoryvillo	State O   H	Zip Code 43082	1 1		0 9	100.00
Westerville Full Name of Contributor		1 7.7004	consideration and the construction of the cons	CONTROL CONTRO	ber, if PA	
					, * *	
Jeff Lerose Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
3842 James River Road	, ., codp					Credit Card
City	State	Zip Code	M	D	Y	Amount
New Albany	OH	43054	0 9		0 9	100.00
Full Name of Contributor		1 XVVV I	CONTRACTOR DE LA CONTRA	ESSENSION DE LE CONTRACTOR DE LA CONTRAC	ber, if PA	
Kelly McCalla						
Street Address	Employer/Occup	pation/Labor Organization*	- Harrison and the same of the			Form (Cash, Check, etc.)
6215 Interlachen Ave		*				Credit Card
City	State	Zip Code	М	D	Y	Amount
Westerville	OH	43082	0 9	$1 \mid 7 \mid$	0   9	20.00
Full Name of Contributor	-				ber, if PA	Large succession of the contract of the contra
Elizabeth Meta			57)state(1)			
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
4142 Asbury Ridge Drive						Credit Card
City City	State	Zip Code	M	D	1 8	Amount
Columbus	OH	43230	0 9	1 8	0 9	75.00
Full Name of Contributor			CONTRACTOR OF THE PROPERTY OF	POTANTIAL PROPERTY OF THE PARTY	ber, if PA	AC
Cindy Crowe					2222	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
8545 Button Bush Lane			anonpasson			Credit Card
City	State	Zip Code	M	D	1 1	Amount
Westerville	OH	43082			0 9	
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC
Debby Petrozzi		*****		***************************************	gyaponement and in the and is the	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
667 Big Rock Drive						Credit Card
City	State	Zip Code	M	D	Y	Amount
Westerville	$O \mid H$	43082			0 9	
Full Name of Contributor			Registrat	tion Num	ber, if Pa	AC
Christopher Chiero						Form (C1- C)
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3186 Woodstone Ct				-	T	Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	o   h	43231		2 0		50.00
Full Name of Contributor			Registra	uon Nun	nber, if Pa	AC
Jill Huston		West Control of the C	<u> </u>			Florm (Cash Charles and
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5533 Stillwater Ave		[7]: C - 1 -	1 17		TV	Credit Card
City	State	Zip Code	M	$\begin{vmatrix} D \\ 2 \end{vmatrix} 1$	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	N .
Westerville	O H	43082	0 9	and the second		

\* 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 \$	535.00
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