

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools												
Full Name of Contributor Stephanie McGeorge						Registration Number, if PAC						
Street Address 649 Kingfisher Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Westerville		State O H		Zip Code 43082		M 0 9		D 1 7		Y 0 9		Amount 100.00
Full Name of Contributor Jeff Lerosé						Registration Number, if PAC						
Street Address 3842 James River Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City New Albany		State O H		Zip Code 43054		M 0 9		D 1 7		Y 0 9		Amount 100.00
Full Name of Contributor Kelly McCalla						Registration Number, if PAC						
Street Address 6215 Interlachen Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Westerville		State O H		Zip Code 43082		M 0 9		D 1 7		Y 0 9		Amount 20.00
Full Name of Contributor Elizabeth Meta						Registration Number, if PAC						
Street Address 4142 Asbury Ridge Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Columbus		State O H		Zip Code 43230		M 0 9		D 1 8		Y 0 9		Amount 75.00
Full Name of Contributor Cindy Crowe						Registration Number, if PAC						
Street Address 8545 Button Bush Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 0		Y 0 9		Amount 100.00
Full Name of Contributor Debby Petrozzi						Registration Number, if PAC						
Street Address 667 Big Rock Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 0		Y 0 9		Amount 80.00
Full Name of Contributor Christopher Chiero						Registration Number, if PAC						
Street Address 3186 Woodstone Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Columbus		State O h		Zip Code 43231		M 0 9		D 2 0		Y 0 9		Amount 50.00
Full Name of Contributor Jill Huston						Registration Number, if PAC						
Street Address 5533 Stillwater Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card					
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 1		Y 0 9		Amount 10.00

* 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 \$ 535.00