

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Kristine B. Smith				Registration Number, if PAC			
Street Address 1605 King Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus,	State O H	Zip Code 43212	M 0	D 9	Y 2	Amount 48.00	
Full Name of Contributor Candace R. Shicks				Registration Number, if PAC			
Street Address 49 Old County Line Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43081	M 0	D 9	Y 2	Amount 75.00	
Full Name of Contributor S. Novak				Registration Number, if PAC			
Street Address 475 S. Haymore		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington,	State O H	Zip Code 43085	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Bradley P. Blankenship				Registration Number, if PAC			
Street Address 8242 Reston Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43082	M 0	D 9	Y 2	Amount 75.00	
Full Name of Contributor Robin L. Schwartz				Registration Number, if PAC			
Street Address 341 Loveman Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington,	State O H	Zip Code 43085	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Susan Smucker				Registration Number, if PAC			
Street Address 96 Meadow Brook Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Johnstown,	State O H	Zip Code 43031	M 0	D 9	Y 2	Amount 35.00	
Full Name of Contributor Julia Pierron				Registration Number, if PAC			
Street Address 124 Keether Dr. S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43081	M 0	D 9	Y 2	Amount 85.00	
Full Name of Contributor Barbara J. Loar				Registration Number, if PAC			
Street Address 658 Vancouver Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville,	State O H	Zip Code 43081	M 0	D 9	Y 2	Amount 80.00	

* 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)]