## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Our Community Our Schools					13.50			
Name of Contributor			Registration Number, if PAC					
Vicki Lynn Moss								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
487 Olde English ct.						_Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville,	O   H	43082					100.00	
Full Name of Contributor			Registrat	ion Numb	per, if PA	C		
Kim Glaser			L					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
7248 Saddlewood Dr.						Credit Card		
City	State	Zip Code	M	D	Y	Amount		
Westerville,	OH	43082	019	2 4	1   1		25.00	
Full Name of Contributor		<u> </u>		ion Num		С	<u>,</u>	
Amy Hamrick								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4837 Twig Court						Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Gahanna,	OIH	43230	019	214	1 1		76.00	
Full Name of Contributor		10 20 0		tion Numl				
Jeanne Roth								
Street Address	Employer/Occur	pation/Labor Organization*		-		Form (Cash, Check	c, etc.)	
1590 W. Choctaw Dr.	The second of th					Credit Card		
City	State	Zip Code	M	D	Y	Amount	17.00	
London,	OH	43140		2 2	1   1		50.00	
Full Name of Contributor	0 1	43140		ion Numl			30.00	
			1105/5/11		,	•		
Danielle Reedy Street Address	Employer/Ocau	pation/Labor Organization*				Form (Cash, Check	Cetc.)	
i e	ismproyer/Occupation/Labor Organization					Credit Card		
5849 Hampton Cove	State	Zip Code		D	Y	Amount	iiu	
<b>!</b>	O H	43081	019	l .	1:1	Amount	25.00	
Westerville,	0   11	43001		ion Num			25.00	
			Kcgisua	non rum	סכו, ווי ה	C		
Barry Ackerman Street Address		antiquit along On antiquition*				Form (Cash, Check	: atc.)	
	Employer/Occupation/Labor Organization*			Credit Card				
116 Daniel Dr.	C	Zip Code		D	Y	Amount	na	
City	State		I M				200.00	
Westerville,	O   H	43081		2 1			200.00	
Full Name of Contributor			Regisira	tion Num	ber, if PA	C		
Elizabeth Krile	——————————————————————————————————————					Form (Cash, Check		
Street Address	Employer/Occupation/Labor Organization*			· · · · · · · · · · · · · · · · · · ·				
5163 Saint Andrews Dr.		-Ta: 6 )			1 1/	Credit Ca	ira	
City	State	Zip Code	M	D	Y	Amount	100.00	
Westerville,	O H	43082	0 9		1,1		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Jeffrey Will								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
664 Deer Trail					· · · ·	Credit Ca	ırd	
City	State	Zíp Code	M	D	Y	Amount	100.00	
Westerville,	O   H	43082	019	2:2	<u> 1.1</u>		100.00	

\* 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 \$ 676.00