31-A
R.C. 3517.10

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 PAC	
Greg Mantenieks								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1229 Smiley Court							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43081	09	27	11		70.00	
Full Name of Contributor							Registration Number, if PAC	
Mark Gauen								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1086 Arundel Ave							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43081	09	30	11		35.00	
Full Name of Contributor							Registration Number, if PAC	
Tamara Marine								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5641 Spohn Dr							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43081	10	04	11		70.00	
Full Name of Contributor							Registration Number, if PAC	
Kathleen Kosinski								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8014 Lakeloop Dr							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43081	09	29	11		30.00	
Full Name of Contributor							Registration Number, if PAC	
Timmothy Allen								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
23 S. Hempstead Rd							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43081	09	27	11		20.00	
Full Name of Contributor							Registration Number, if PAC	
Kathleen Paolini								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8997 Filizland							Check	
City	State	Zip Code	M	D	Y		Amount	
Powell	oh	43065	09	28	11		50.00	
Full Name of Contributor							Registration Number, if PAC	
Alane Meyers								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6075 Jourdan Dr							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43081	09	28	11		100.00	
Full Name of Contributor							Registration Number, if PAC	
Pamela Charleston								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5432 Blackhawk Forest Dr							Check	
City	State	Zip Code	M	D	Y		Amount	
Westerville	oh	43082	09	27	11		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 $ 425.00