

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Kelly Patton						Registration Number, if PAC			
Street Address 477 Delaware Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43081		M D Y 0 9 2 5 0 9		Amount 30.00	
Full Name of Contributor Kelly Walk						Registration Number, if PAC			
Street Address 418 Manila Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43081		M D Y 0 9 2 5 0 9		Amount 20.00	
Full Name of Contributor Adam Asbeck						Registration Number, if PAC			
Street Address 4466 County Road 213				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Marengo		State O H		Zip Code 43334		M D Y 0 9 2 5 0 9		Amount 25.00	
Full Name of Contributor Beth O'Reilly						Registration Number, if PAC			
Street Address 5780 Harrow Glen Ct				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Galena		State O H		Zip Code 43021		M D Y 0 9 2 5 0 9		Amount 70.00	
Full Name of Contributor Marti Cordray-Corna						Registration Number, if PAC			
Street Address 900 John Michael Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43235		M D Y 0 9 2 5 0 9		Amount 35.00	
Full Name of Contributor Lynn Green						Registration Number, if PAC			
Street Address 534 Park Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Worthington		State O H		Zip Code 43085		M D Y 0 9 2 5 0 9		Amount 60.00	
Full Name of Contributor Dinah-Paige Robinson						Registration Number, if PAC			
Street Address 102 Amazon Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State o h		Zip Code 43214		M D Y 0 9 2 5 0 9		Amount 75.00	
Full Name of Contributor Pamela Schira						Registration Number, if PAC			
Street Address 219 Orchard Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43214		M D Y 0 9 2 5 0 9		Amount 200.00	

* 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 \$ 515.00