Расе	17
Page	1/

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools							
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Kelly Patton							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
477 Delaware Court						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	$O \mid H$	43081	0 9	2 5	0 9		30.00
Full Name of Contributor	•		Registra	tion Num	ber, if PA	AC	
Kelly Walk							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
418 Manila Place				***************************************		Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	SECOND STORMAN SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	2 5	THE RESERVE OF THE PARTY OF THE		20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Adam Asbeck					distance of the second		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
4466 County Road 213			www.goroonoonoonoonoonoonoonoonoonoonoonoonoo			Check	
City	State	Zip Code	M	D		Amount	
Marengo		43334	0 9	A STATE OF THE PARTY OF THE PAR	0 9		25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Beth O'Reilly					va(0,20,000,000,000,000,000,000,000,000,00	In (G - 1 - G)	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
5780 Harrow Glen Ct		T-: 6	7 3.5	1 5	37	Check	
City	State	Zip Code	M	D		Amount	70.00
Galena	O H	43021	0 9	2 5	0 9	Average Seal Section (Section Control of Con	70.00
Full Name of Contributor			Registra	aon Num	ider, ii Pz	AC .	
Marti Cordray-Corna	IEalouar/Oom	pation/Labor Organization*		www.com		Form (Cash, Ch	eck etc.)
Street Address	Employer/Occup	pation/Labor Organization				Form (Cash, Check, etc.) Check	
900 John Michael Way	State	Zip Code	М	D	Y	Amount	***************************************
City	OH	43235	$\begin{vmatrix} 1 & 1 \\ 0 & 9 \end{vmatrix}$	1	0 9	71mount	35.00
Columbus Full Name of Contributor		1 43233	CONTRACTOR	tion Num	CONTROL OF THE PARTY OF THE PAR	A.C.	00.00
			i Cgiotta				
Lynn Green Street Address	[Employer/Occur	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)
534 Park Blvd	Employen occup	putions Duoof Organization				Check	,
City	State	Zip Code	M	D	Y	Amount	
Worthington	0 H	43085	lota	2 5	0 9		60.00
Full Name of Contributor		1 10000		tion Num			
Dinah-Paige Robinson							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)
102 Amazon Place					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	o h	43214	0 9	2 5	0 9		75.00
Full Name of Contributor				ation Nun			
Pamela Schira							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (C			Form (Cash, Cl	heck, etc.)	
219 Orchard Lane		C			Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43214	0 9	2 5	0 9		200.00
						the name of the	

* 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
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