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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 1 | Number, if P | AC |
| Julia Krizay | 72 | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 3002 Dublin Arbor Lane | | | · | | Check |
| City | State | Zip Code | M D | | Amount |
| Dublin | O H | 43017 | 101 | 609 | 44.00 |
| Full Name of Contributor | | | Registration I | Number, if P. | AC |
| Teresa Stiles | | | | | |
| Street Address | Employer/Occup | oation/Labor Organization* | and the second s | | Form (Cash, Check, etc.) |
| 6179 Crystal Valley Ddr | | | | | Check |
| City | State | Zip Code | M D | Y | Amount |
| Galena | $O \mid H$ | 43021 | 1 0 1 | 6 0 9 | 20.00 |
| Full Name of Contributor | | | Registration I | ********************** | A CONTRACTOR OF THE PROPERTY O |
| Ann Engelhart | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 586 Grist Run Dr | | | | | Check |
| City | State | Zip Code | M D | ΙΥ | Amount |
| Westerville | OH | 43082 | $\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0 \begin{bmatrix} 1 \end{bmatrix}$ | | |
| Full Name of Contributor | | 43002 | Registration N | | 40.00 |
| | | | Registration r | Number, ii P. | AC |
| Kelly Hoffman Street Address | TE 1 /0 | | | | |
| | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 3422 Van Fossen Road | | 1 | | | Check |
| City | State | Zip Code | M D | ł | Amount |
| Johnstown | O H | 43031 | 1 0 1 | dente de la companya | Santa Company (Company Company |
| Full Name of Contributor | | | Registration N | Number, if P. | AC |
| Ellen Jacobs | | | | *************************************** | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 148 Nicole Dr | | | | | Check |
| City | State | Zip Code | M D | Y | Amount |
| Westerville | $O \mid H$ | 43081 | 1 0 2 | 3 0 9 | 100.00 |
| Full Name of Contributor | time the second | | Registration N | THE RESERVE OF THE PARTY OF THE | Parameter and the second secon |
| Lou Ann Kowelski | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | and a second contraction of the second contr | 7400748690740034869348490093650 | Form (Cash, Check, etc.) |
| 609 Olde N Church Road | | · | | | Check |
| City | State | Zip Code | M D | Y | Amount |
| Westerville | $O \mid H$ | 43081 | 1 0 2 | | |
| Full Name of Contributor | | 1 10001 | Registration N | Jumber if P. | AC |
| Deborah Dunbar | | | it og iou action 1 | vannoer, nr r | |
| Street Address | Temployer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| | Employer/Occup | ation/Labor Organization | | | |
| 4485 Raccoon Drive | 2 | Terror | 1 1/ 1 5 | 1 17 | Check |
| City | State | Zip Code | M D | 1 . | Amount |
| Columbus | O H | 43230 | 1 0 2 | | 70.00 |
| Full Name of Contributor | | | Registration N | lumber, if P. | AC |
| Cher Iannarino | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 5298 Medallion Drive | | | | | Check |
| City | State | Zip Code | M D | 1 | Amount |
| Westerville | OH | 43082 | 1 0 2 | 3 0 9 | 40.00 |

* 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 | \$ | 400.00 |