

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Julia Krizay					Registration Number, if PAC		
Street Address 3002 Dublin Arbor Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 1 6 0 9	Amount 44.00	
Full Name of Contributor Teresa Stiles					Registration Number, if PAC		
Street Address 6179 Crystal Valley Ddr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 1	D 0	Y 1 6 0 9	Amount 20.00	
Full Name of Contributor Ann Engelhart					Registration Number, if PAC		
Street Address 586 Grist Run Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 1 6 0 9	Amount 40.00	
Full Name of Contributor Kelly Hoffman					Registration Number, if PAC		
Street Address 3422 Van Fossen Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Johnstown	State O H	Zip Code 43031	M 1	D 0	Y 1 6 0 9	Amount 50.00	
Full Name of Contributor Ellen Jacobs					Registration Number, if PAC		
Street Address 148 Nicole Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 3 0 9	Amount 100.00	
Full Name of Contributor Lou Ann Kowelski					Registration Number, if PAC		
Street Address 609 Olde N Church Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2 3 0 9	Amount 36.00	
Full Name of Contributor Deborah Dunbar					Registration Number, if PAC		
Street Address 4485 Raccoon Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 1	D 0	Y 2 3 0 9	Amount 70.00	
Full Name of Contributor Cher Iannarino					Registration Number, if PAC		
Street Address 5298 Medallion Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2 3 0 9	Amount 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