

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Joan Wanner					Registration Number, if PAC		
Street Address 5252 Baker Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 1	D 0	Y 2	Amount 70.00	
Full Name of Contributor Stephanie Saylor					Registration Number, if PAC		
Street Address 5733 High Rock Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 15.00	
Full Name of Contributor Kimberly Weeks					Registration Number, if PAC		
Street Address 1225 Chatham Ridge		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 20.00	
Full Name of Contributor Kathy Kess					Registration Number, if PAC		
Street Address 16019 Hartford Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sunbury	State O H	Zip Code 43074	M 1	D 0	Y 2	Amount 20.00	
Full Name of Contributor Ruth Ann McDermott					Registration Number, if PAC		
Street Address 882 Helenhurst Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor Gerald Harvey					Registration Number, if PAC		
Street Address 3914 Glenna Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 80.00	
Full Name of Contributor Todd McDavid					Registration Number, if PAC		
Street Address 392 Mainsail Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor Terrell Casparro					Registration Number, if PAC		
Street Address 5776 Fitzgibbon Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 2	Amount 30.00	

* 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 \$ 285.00