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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				Material de la contraction de	······································			***************************************
Our Community Our Schools								
Full Name of Contributor				Registra	tion Nun	nber, if P	A.C.	
Joan Wanner				i cognistio	ition ivan	11001, 11 1	ac.	
Street Address	Employer/	Occupa	ation/Labor Organization*		WARREN TO SERVICE		Form (Cash, Che	ck_etc_)
5252 Baker Road		p					Check	ck, cic.j
City	State	2	Zip Code	М	D	ΙΥ	Amount	
Delaware	0	Н	43015	1 0	1		111100111	70.00
Full Name of Contributor		onconnect Maller de C	10010		all in the later of the later o	nber, if P	AC	70.00
Stephanie Saylor						,		
Street Address	Employer/	Occupa	ation/Labor Organization*	In procession of the second	annio approvate Maliticals		Form (Cash, Ched	ck. etc.)
5733 High Rock Dr		-	Ž				Check	,,
City	State	<u> </u>	Zip Code	M	D	Y	Amount	************************
Westerville		Н	43081	10	2 8	0 9		15.00
Full Name of Contributor				management of the second	A STATE OF THE PARTY OF THE PAR	iber, if Pa	AC	10.00
Kimberly Weeks								
Street Address	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
1225 Chatham Ridge							Check	
City	State	;	Zip Code	М	D	Y	Amount	
Westerville	0	Н	43081	1 0	2 8	0 9		20.00
Full Name of Contributor		150X35-000-0000		de fengration and any other section.	I wante you construct the contract of	nber, if PA	AC	20.00
Kathy Kess								
Street Address	Employer/	Occupa	tion/Labor Organization*	- Section of the sect			Form (Cash, Chec	ck, etc.)
16019 Hartford Rd							Check	
City	State		Zip Code	M	D	Y	Amount	
Sunbury	0	Н	43074	1 0	2 8	0 9		20.00
Full Name of Contributor						ber, if PA	АС	
Ruth Ann McDermott								
Street Address	Employer/0	Эссира	tion/Labor Organization*				Form (Cash, Chec	ck, etc.)
882 Helenhurst Ct							Check	
City	State		Zip Code	M	D	Y	Amount	
Westerville		H	43081	1 0	2 8			25.00
Full Name of Contributor				Registrat	tion Num	ber, if PA	VC	
Gerald Harvey								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	ck, etc.)			
3914 Glenna Ave	<u> </u>						Check	
City	State		Zip Code	M	D		Amount	
Grove City	0	Н	43123			0 9		80.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	AC .	
Todd McDavid		***************************************						
Street Address	Employer/0	Оссира	tion/Labor Organization*				Form (Cash, Chec	ck, etc.)
392 Mainsail Drive				ng managaman na samuran samuran ng	***************************************		Check	
City	State		Zip Code	M	D	i . #	Amount	
Westerville		H	43081		2 8	Contract Con		25.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	vC	
Terrell Casparro								
Street Address	Employer/C	Occupa	tion/Labor Organization*				Form (Cash, Chec	k, etc.)
5776 Fitzgibbon Ct	ļ			·			Check	
City	State		Zip Code	M	D		Amount	
Dublin	0	H	43017	1 0	2 8	0 9		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