

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Linda Maloney					Registration Number, if PAC		
Street Address 4120 N 3Bs and K Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Sunbury	State O H	Zip Code 43074	M 0 9	D 1 4	Y 0 9	Amount 50.00	
Full Name of Contributor Barbara Wallace					Registration Number, if PAC		
Street Address 15050 Buckpoint Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Worthington	State O H	Zip Code 43085	M 0 9	D 1 4	Y 0 9	Amount 75.00	
Full Name of Contributor Heather Alexander					Registration Number, if PAC		
Street Address 1374 Wild Oats Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43204	M 0 9	D 1 4	Y 0 9	Amount 50.00	
Full Name of Contributor Jeanne Roth					Registration Number, if PAC		
Street Address No Address Provided		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City	State	Zip Code	M 0 9	D 1 4	Y 0 9	Amount 50.00	
Full Name of Contributor Steven Andersson					Registration Number, if PAC		
Street Address 109 East Dominion Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 4	Y 0 9	Amount 100.00	
Full Name of Contributor Kari Tucker					Registration Number, if PAC		
Street Address 961 Charterhouse Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43081	M 0 9	D 1 4	Y 0 9	Amount 50.00	
Full Name of Contributor Rex Adam					Registration Number, if PAC		
Street Address 2566 Gardenia Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State o h	Zip Code 43235	M 0 9	D 1 4	Y 0 9	Amount 50.00	
Full Name of Contributor Jeff Will					Registration Number, if PAC		
Street Address 664 Deer Trail		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 4	Y 0 9	Amount 100.00	

* 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 \$ 525.00