

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Elizabeth Bedinghaus					Registration Number, if PAC		
Street Address 2680 Whirlwind Cove Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State o h	Zip Code 43026	M 0 9	D 2 8	Y 1 1	Amount 70.00	
Full Name of Contributor Drrick Ehlen					Registration Number, if PAC		
Street Address 520 E. Stanton Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State o h	Zip Code 43214	M 0 9	D 2 8	Y 1 1	Amount 45.00	
Full Name of Contributor Amy Hudson					Registration Number, if PAC		
Street Address 555 Dandy Brush Lane East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 0 3	Y 1 1	Amount 50.00	
Full Name of Contributor Chris Williams					Registration Number, if PAC		
Street Address 374 Windcroft Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43082	M 1 0	D 0 4	Y 1 1	Amount 100.00	
Full Name of Contributor Karen Johson					Registration Number, if PAC		
Street Address 3019 N. Damen Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Chicago	State o h	Zip Code 60618	M 1 0	D 0 4	Y 1 1	Amount 25.00	
Full Name of Contributor Linda Hall					Registration Number, if PAC		
Street Address 703 Southbluff Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Westerville	State o h	Zip Code 43082	M 1 0	D 0 4	Y 1 1	Amount 50.00	
Full Name of Contributor Ann Lockett					Registration Number, if PAC		
Street Address 329 Westerdale		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 0 4	Y 1 1	Amount 50.00	
Full Name of Contributor Karen McCellan					Registration Number, if PAC		
Street Address 232 Reinhard Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State o h	Zip Code 43206	M 1 0	D 0 4	Y 1 1	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)]