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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			·/····				
Our Community Our Schools							
Full Name of Contributor			Degictro	tion Nun	ber, if P	A.C.	
K.C. Murphy			Registia	non Nun	ioei, ii r	nC .	
Street Address	Employer/Occupation/Lal	har Arganization*	<u> </u>			Form (Cash, Ch	oals ata
117 Linabary Ave	Employer/Occupation/Las	oor Organization				B .	eck, etc.)
City	State Zip Coo	do	Т 17	T 5	7 7,	Check	·
Westerville			M	D	Y	Amount	F0 00
Full Name of Contributor	O H 430	<i>J</i> 01		2 8		1.6	53.00
			Registra	uon nun	iber, if Pa	AC	
Cynthia Calvin Street Address	EI/O	(***************************************			
	Employer/Occupation/Lal	oor Organization*				Form (Cash, Che	eck, etc.)
481 Rockbourne _{City}	Shart Ti C		1 1/	T		Check	***************************************
· ·	State Zip Coo		M	D	Y	Amount	
Westerville Full Name of Contributor	O H 430)82	1 0		0 9		80.00
			Registra	tion Nun	ber, if Pa	AC	
Tracey Kearnes							
************	Employer/Occupation/Lat	bor Organization*				Form (Cash, Check, etc.)	
5737 Running Brook Dr		***************************************	,		<u> </u>	Check	***
City	State Zip Coo		M	D	Y	Amount	
Westerville	O H 430)81		2 8			45.00
Full Name of Contributor			Registra	ion Num	ber, if Pa	AC	
Sandra Priwer		***************************************					
Street Address	Employer/Occupation/Lab	oor Organization*				Form (Cash, Cho	eck, etc.)
7246 Redbank Road						Check	
City	State Zip Coo		M	D	Y	Amount	
Westerville	O H 430)82	1 0	2 8	0 9		80.00
Full Name of Contributor			Registrat	ion Num	ber, if P	AC	MODIFICATION CONTROL OF THE CONTROL
Anthony McMillin							
Street Address	Employer/Occupation/Lab	oor Organization*				Form (Cash, Che	eck, etc.)
5669 Balkan Place						Check	
City	State Zip Cod	le	М	D	Y	Amount	
Columbus	O H 432	231	1 0	2 8	0 9		50.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC	
Michele Calo							
Street Address	Employer/Occupation/Lab	oor Organization*	- Emilion and the course		(Allingsinninnnonnung)	Form (Cash, Che	eck, etc.)
407 Canterbury Ct						Check	
City	State Zip Cod	ie	M	D	Y	Amount	
Westerville	O H 430	182	1 0	2 8	0 9		50.00
Full Name of Contributor			Registrat				
Sarah McMillen							
Street Address	Employer/Occupation/Lab	or Organization*	- Constitution of the Cons			Form (Cash, Che	ck, etc.)
30 S Vine St						Check	
City	State Zip Cod	le	M	D	Y	Amount	
Westerville	O H 430	181	1 0	2 8	0 9		40.00
Full Name of Contributor			ш <u>Химучилинняюще</u> михи		ber, if PA	AC	
Bob Gibson							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
299 Ashford Drive						Online	
City	State Zip Cod	le	M	D	Y	Amount	······································
Westerville	O H 430		1 1		0 9		100.00
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* 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 \$ 498.00