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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		· ·			DEFECTATION (Included and Included and Inclu	MANAGEMENT AND	
Name of Committee in Full							
Our Community Our Schools			020007-00000000000000000000000000000000		10.500000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Full Name of Contributor			Registra	ition Nun	nber, if P	AC	
Diane Blain				DIEZMENTANONA MANAGAMA			
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	eck, etc.)
57 Orchard Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Worthington	O H	43085	1 0	2 5	0 9		25.00
Full Name of Contributor			Registra		nber, if P		
D Lozano							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Che	eck, etc.)
6642 Sanibel Avenue						Check	
City	State	Zip Code	М	D	Y	Amount	omanica and property and an analysis of the same of th
Westerville	$O \mid H$	43081	1 0	2 5	0 9		32.00
Full Name of Contributor		1 2000	CONTRACTOR	CONTRACTOR SECTIONS	ber, if P	AC	02
Cynthia Mills					•		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	eck etc.)
9279 Abbey Orchard Lane		3				Check	ook, 0.0.)
City	State	Zip Code	Тм	D	Y	Amount	
Columbus	ОН	43240		2 5	1	r mount	40.00
Full Name of Contributor		TOLIO			ber, if P	A.C.	40.00
Leroy Gilkey			i cogiona		1001, 11 1 2		
Street Address	Employer/Occur	vation/Labor Organization*				Form (Cash, Che	ack ato
563 Chase Pond	Employen occup	ation Euror Organization					ck, etc.)
City	State	Zip Code	М	D	Y	Check Amount	*****
Columbus	OH	43214	1	i .	i	Amoun	20.00
Full Name of Contributor		43214	1 0	2 5	0 9 ber, if Pa	A.C.	20.00
Kristen Patton			Registia	HOII INUIII	1001, 11 P2	AC	
Street Address	TEmpleyer/Occur	ation/Labor Organization*				F (C1 - Cl	
5742 Pine Wild Dr	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
City	State	17:- C-1-			- ,, 	Check	~~~~
		Zip Code	M	D	Y	Amount	a = 00
Westerville Full Name of Contributor	IOH	43082	1 0	CONTRACTOR	STATE OF THE PROPERTY OF THE		25.00
			Registra	non Num	ber, if PA	AC	
Linnea Wilcox Street Address	15 1 (0						_
	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1024 Bluesail Drive		Icr. O. I				Check	
City	State	Zip Code	M	D	1 1	Amount	
Westerville	0 H	43081	1 0	2 5	0 9		36.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC	
John Berringer		***************************************					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
5735 North High St		-				Check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	O H	43085	1 0	2 5	0 9		55.00
Full Name of Contributor Registration Number, if PAC							
Tina Shirey					*****************	7 Phys (a) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
7984 Dandridge Way						Check	
City	State	Zip Code	M	D	i i	Amount	
Westerville	0 H	43082	1 0	2 5	0 9		20.00

* 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)]

Pa	ge	Tot	ai	\$ 253.00