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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			TD	· · · · · · · · · · · ·	107			
			Registra	uon Nun	iber, if Pa	AC		
Dan Good Street Address	Employar/Oca	upation/Labor Organization*				Es and (Caste	Charles and	
	Employer/Occ	upation/Labor Organization*				Form (Cash,		
551 Riverbend Avenue	State	Zip Code	1 37	Г Б	T 37	Check		
Powell	OH	1 '	$\begin{bmatrix} \mathbf{M} \\ 1 \end{bmatrix} 0$	1 6	$\begin{vmatrix} \mathbf{v} \\ 0 \end{vmatrix} 9$	Amount	1,000.00	
Full Name of Contributor					ber, if P	AC	1,000.00	
David Baker					,			
Street Address	Employer/Occupation/Labor Organization*			Name of the second seco		Form (Cash,	Check, etc.)	
n/a						Online		
City	State	Zip Code	M	D	Y	Amount		
		,	1 0	1 6	0 9		250.00	
Full Name of Contributor				NEW STREET, ST	ber, if Pa	AC	A O. O. O.	
Crystal Harris								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
n/a							Online	
City	State	Zip Code	M	D	Y	Amount	,	
			1110	1 6	0 9		100.00	
Full Name of Contributor		nakan salah sa			ber, if Pa	AC		
Cheryl Ortlieb								
Street Address	Employer/Occi	upation/Labor Organization*	Sub-response responsible trap			Form (Cash,	Check, etc.)	
733 S State Route 605				Check				
City	State	Zip Code	М	D	Y	Amount	<del></del>	
Sunbury	OH	43074	1 0	1 6	0 9		85.00	
Full Name of Contributor			Registrat	tion Num	ber, if Pa	АC		
Kimberly Cody								
Street Address	Employer/Occi	upation/Labor Organization*	elikolokia kitaria kitaria ayan ayan ay	delanden et automoten en		Form (Cash,	Check, etc.)	
6309 Interlachen Avenue						Check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	OH	43082	$1 \mid 0 \mid$	1 6	0 9		70.00	
Full Name of Contributor			Registrat	tion Num	ber, if P	AC		
Lee Johnson								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
755 Bovee Lanee					<del>(</del>	Check		
City	State	Zip Code	M	D		Amount		
Powell	0 H	43065			0 9		60.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	4C		
Peter Baylis				60m345-0004-0004-000				
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
4830 Veley Road						Check		
City	State	Zip Code	M	D	Y	Amount	0.4.00	
Delaware	O   H	43015		1 6			84.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC		
James Ledford							~! ·	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash,	uneck, etc.)	
439 Grist Run Court		12: 6 :				Check		
City	State	Zip Code	M	D	1 1	Amount	A= AA	
Westerville	O   H	43082	[1]0	1 6	0 9		25.00	

Page Total \$ 1,674.00

<sup>\*</sup> 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)]