

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Nancy McFarland						Registration Number, if PAC			
Street Address 59 College Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Westerville,		State O H		Zip Code 43081		M 0	D 9	Y 2	Amount 500.00
Full Name of Contributor Claudia L. Yoho						Registration Number, if PAC			
Street Address 6887 Meadow Glen			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville,		State O H		Zip Code 43082		M 0	D 9	Y 2	Amount 70.00
Full Name of Contributor Shelley L. Seabury						Registration Number, if PAC			
Street Address 6052 Commonwealth Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville,		State O H		Zip Code 43082		M 0	D 9	Y 2	Amount 50.00
Full Name of Contributor Westerville Education Association						Registration Number, if PAC			
Street Address 519 South Otterbein Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville,		State O H		Zip Code 43081		M 0	D 9	Y 2	Amount 10,000.00
Full Name of Contributor Katherine A. Fischer						Registration Number, if PAC			
Street Address 5448 Ayrshire Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin,		State O H		Zip Code 43017		M 0	D 9	Y 2	Amount 68.00
Full Name of Contributor Mary Ann Cunnigan						Registration Number, if PAC			
Street Address 182 Bellefield Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville,		State O H		Zip Code 43081		M 0	D 9	Y 2	Amount 83.00
Full Name of Contributor Jane E. Leemhuis						Registration Number, if PAC			
Street Address 135 Chatham Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus,		State O H		Zip Code 43214		M 0	D 9	Y 2	Amount 75.00
Full Name of Contributor Teresa Gail Lott						Registration Number, if PAC			
Street Address 13670 Halloon Ln.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pataskala,		State O H		Zip Code 43062		M 0	D 9	Y 2	Amount 50.00

* 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)]