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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Our Community Our Schools			ion Nos-1	r
Full Name of Contributor		Registrati	ion Number, if PA	C
Chad Brisentine	MANAGEMENT OF THE PROPERTY OF			Com- /C : 2
Street Address	Employer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
6452 Port Ct				Check
City	State Zip Code	M		Amount
Lewis Center	O H 43035		0 9 0 9	50.00
Full Name of Contributor		Registrati	tion Number, if PA	.C
Amy Emler				
Street Address	Employer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
4969 Red Bank Road				Check
City	State Zip Code	M		Amount
Galena	O H 4302		0 9 0 9	35.00
Full Name of Contributor			tion Number, if PA	
Rebecca Haselberger				National Control of the Control of t
Street Address	Employer/Occupation/Labor	· Organization*		Form (Cash, Check, etc.)
1657 Royal Oak Dr				Check
City	State Zip Code	М	D Y	Amount
Lewis Center	O H 4303	5   11 n	0 9 0 9	50.00
Lewis Center Full Name of Contributor	1 0 1 1 3000		tion Number, if PA	
Cristina Wade				
Street Address	Employer/Occupation/Labor	· Organization*		Form (Cash, Check, etc.)
6512 Cedar Brook	, ,,			Check
6512 Cedar Brook City	State Zip Code	M	D Y	Amount
	O H 4305	l , l	1	58.00
New Albany Full Name of Contributor	10 1 1 4500		tion Number, if PA	
		arcgional	AN AF	
Vicki Moss	Employer/Occupation/Labor	· Organization*		Form (Cash, Check, etc.)
Street Address 497 Olda English Ct	Employer/Occupation/Labor			Check
487 Olde English Ct	State Zip Code	I M	D Y	Amount
City XAY and a small o	1 . 1 .		0 9 0 9	30.00
Westerville	O H 4308		tion Number, if PA	£
Full Name of Contributor		Registra	A GHILLOGI, II PI	- <del>-</del>
Arica Danison	1771	· Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor	organizatiOII"		
7618 Richardson Road			יי הן	Check Amount
City	State Zip Code		D Y	B
Groveport	O H 4321		0 9 0 9	
Full Name of Contributor		Registra	ation Number, if Pa	n.C
Janet Johnson		WAARDAR I TOTAL TO THE TOTAL TOTAL TO THE TH		Form (C-1)
Street Address	Employer/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
501 Blue Heron Court			<del></del>	Check
City	State Zip Code	1 ,	D Y	Amount
Westerville	o h 4308	$\frac{1}{0}$		50.0
Full Name of Contributor		Registra	ation Number, if P.	AC
Emily Mills	-			
Street Address	Employer/Occupation/Labor	r Organization*		Form (Cash, Check, etc.)
7465 Bunker Ridge Ct			Martin of Control of C	Check
City	State Zip Code		D Y	Amount
Blacklick	O   H 4300			Contraction and the State of the Contraction of the
I DICCIAL TO THE PARTY OF THE P		f contributor is self-employed	and the same of th	Contraction and the State of the Contraction of the

\* 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)]

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Page Total	\$	353.00