

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Our Community Our Schools</b>													
Full Name of Contributor <b>Chad Brisentine</b>						Registration Number, if PAC							
Street Address <b>6452 Port Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Lewis Center</b>		State <b>O   H</b>		Zip Code <b>43035</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>Amy Emler</b>						Registration Number, if PAC							
Street Address <b>4969 Red Bank Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Galena</b>		State <b>O   H</b>		Zip Code <b>43021</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>35.00</b>	
Full Name of Contributor <b>Rebecca Haselberger</b>						Registration Number, if PAC							
Street Address <b>1657 Royal Oak Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Lewis Center</b>		State <b>O   H</b>		Zip Code <b>43035</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>Cristina Wade</b>						Registration Number, if PAC							
Street Address <b>6512 Cedar Brook</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>New Albany</b>		State <b>O   H</b>		Zip Code <b>43054</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>58.00</b>	
Full Name of Contributor <b>Vicki Moss</b>						Registration Number, if PAC							
Street Address <b>487 Olde English Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Westerville</b>		State <b>O   H</b>		Zip Code <b>43082</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>30.00</b>	
Full Name of Contributor <b>Arica Danison</b>						Registration Number, if PAC							
Street Address <b>7618 Richardson Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Groveport</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>Janet Johnson</b>						Registration Number, if PAC							
Street Address <b>501 Blue Heron Court</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Westerville</b>		State <b>O   H</b>		Zip Code <b>43082</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>Emily Mills</b>						Registration Number, if PAC							
Street Address <b>7465 Bunker Ridge Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>						
City <b>Blacklick</b>		State <b>O   H</b>		Zip Code <b>43004</b>		M <b>1   0</b>		D <b>0   9</b>		Y <b>0   9</b>		Amount <b>30.00</b>	

\* 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 \$ 353.00