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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			SSMC SALESANS AREA AREA AREA AREA AREA AREA AREA ARE	enancemberships	40.000.000.000.000.000		
Name of Committee in Full							
Our Community Our Schools Full Name of Contributor			Pegistra	tion Nun	nber, if Pa	۸C	
Kathleen Kikta			registra	tion i van	1001, 11 1 2		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Ch	eck. etc.)
311 E Kossuth St						Check	,,
City	State	Zip Code	T M	l D	ΙΥ	Amount	
Columbus	O H	43206	1 0	1 6	1		45.00
Full Name of Contributor					ber, if P	AC	10.00
Stephanie Martin							
Street Address	Employer/Occup	oation/Labor Organization*			sissionimoline (vasastus	Form (Cash, Ch	eck, etc.)
3475 Africa Road						Check	
City	State	Zip Code	М	D	Y	Amount	***************************************
Galena	OH	43021	1 0	1 6	0 9		65.00
Full Name of Contributor	eculus es el como es es en en estado en entre el como especial estado en entre el como especial en el como esp Estado en entre el como estado en entre	and the contractive angle and the contractive and are conjugate to the contractive contractive and provide and	concentration and the property of the contract	CANADA CONTRACTOR SECURIOR SEC	ber, if Pa	AC	
Brian Nichols							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
750 Pepper Court						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43082	1 0	1 6	0 9		100.00
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC	
Katherine Ortman							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
87 Millfield Ave			****			Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	IOIH	43081	1 0	1 6	ooste and the development of the party of th		35.00
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC	
Lauren Pratt							
Street Address	Employer/Occup	vation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3104 Bennington Ave	Charles Charles	IZ'. C. 1.	1 1/	٦	1 37	Check	
City	State H	Zip Code	M	D	Y	Amount	40.00
Columbus Full Name of Contributor		43231	1 0	1 6	0 9 ber, if P	\ <u>C</u>	48.00
			Registra	tion ivan	1001, 11 17	AC .	
Ryan Collins Street Address	Fmployer/Occur	vation/Labor Organization*				Form (Cash, Ch	eck etc.)
419 Mainsail Dr	Employer/occupation/Labor Organization			Check			
City	State	Zip Code	М	D	Y	Amount	
Westerville	OH	43081	110		0 9		50.00
Full Name of Contributor		13001	acces processes and a consensus	CONTRACTOR OF THE PARTY OF THE	ber, if P	Annual Company of the	00.00
Kerry Burton							
Street Address	Employer/Occup	ation/Labor Organization*			espitastantii tipintaasti piirit	Form (Cash, Ch	eck, etc.)
346 Olde Mill Dr						Check	
City	State	Zip Code	М	D	Y	Amount	**************************************
Westerville	$O \mid H$	43082	1 0	1 6	0 9		60.00
Full Name of Contributor					ber, if Pa	AC	
Sandra Lee Jones							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1006 Arcadia Blvd						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	$O \mid H$	43082	1 0	1 6	0 9		74.00

Page Total	\$ 477.00

^{*} 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)]