## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	and the second second second							
Our Community Our Schools Full Name of Contributor				Registra	ion Num	ber, if PA	AC	
				g.s.		,		
Natalie Hildebrandt Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
1188 Blindbrook Dr	Employe	Occupi	ation Davor Organization				Check	,,
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		ι Η	43235	0 9	2 5	1		42.00
Full Name of Contributor			1 40200	SECURIO DE CONTRACTOR DE C	THE CONTRACTOR STATEMENT OF	ber, if P	AC	1
Susan Kuisel								
Street Address	Employe	ег/Оссию	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
94 East Lincoln Street							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Westerville	0	Н	43081	0 9	2 5	0 9		65.00
Full Name of Contributor			1 40001			ber, if Pa	AC	00,00
Jill Kvalheim								
Street Address	Employe	er/Occup	ation/Labor Organization*		Control Control Control Control		Form (Cash, Chec	ck, etc.)
6905 Four Season Dr	and of the opening and of Sampanon					Check		
City	St	ate	Zip Code	М	D	Y	Amount	
Westerville	10	Н	43082	0 9	2   5	0 9		70.00
Full Name of Contributor						ber, if P	AC	
Pamela Charleston								
Street Address	Employe	er/Occup	ation/Labor Organization*		***************************************		Form (Cash, Ched	ck, etc.)
5432 Blackhawk Forest Dr		-					Check	
City	St	ate	Zip Code	M	D	Y	Amount	······································
Westerville	10	Н	43082	0 9	2   5	0 9		50.00
Full Name of Contributor				THE RESERVE OF THE PARTY OF THE	PRODUCTION OF THE PROPERTY OF	ber, if P	AC	
Jennifer Tyler								
Street Address	Employ	er/Occup	ation/Labor Organization*			elemente en misel de médicidos	Form (Cash, Che	ck, etc.)
129 Longwood Crossing Blvd							Check	
City	St	ate	Zip Code	М	D	Y	Amount	**************************************
Pataskala	0	Н	43062	0 9	2   5	0 9		50.00
Full Name of Contributor				Registra	tion Nun	nber, if P.	AC	
Kimberly Cody								
Street Address	Employ	er/Occup	ation/Labor Organization*		***************************************	200000000000000000000000000000000000000	Form (Cash, Che	ck, etc.)
6309 Interlachen Ave							Check	
City	S	tate	Zip Code	M	D	Y	Amount	
Westerville	0	H	43082	0 9	2 5	0 9		40.00
Full Name of Contributor	i Si Si Kanada da manana m Manana manana manan					nber, if P		
Daphne Irby								
Street Address	Employ	er/Occup	ation/Labor Organization*		2//20///		Form (Cash, Che	ck, etc.)
5627 Piermont Ct							Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Westerville	0	h	43082			0 9		43.00
Full Name of Contributor				Registra	tion Nur	nber, if P	AC	
Danielle Reedy					Villabilancia proprio con con con con con con con con con co			
Street Address	Employ	er/Occup	oation/Labor Organization*				Form (Cash, Che	ck, etc.)
140 Mossman Ave							Check	
City	S	tate	Zip Code	M	D	Y	Amount	
Westerville	0	H	43081	0 9	2   5	0 9		25.00

\* 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)]

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Page Total	\$	385.00
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