

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Michelle Feige					Registration Number, if PAC		
Street Address 60 W Lincoln St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Cora Jones					Registration Number, if PAC		
Street Address 1349 Spring Brook Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2	Amount 90.00	
Full Name of Contributor Kimberly Niles					Registration Number, if PAC		
Street Address 2611 Clarion Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 2	Amount 40.00	
Full Name of Contributor Valerie Thompson					Registration Number, if PAC		
Street Address 119 Keethler Drive S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 2	Amount 40.00	
Full Name of Contributor Adham Schrig					Registration Number, if PAC		
Street Address 269 Cliffview Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 2	Amount 40.00	
Full Name of Contributor Melinda Butler					Registration Number, if PAC		
Street Address 6733 Brookstone Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 9	Y 2	Amount 10.00	
Full Name of Contributor Jodi Russel					Registration Number, if PAC		
Street Address 5679 Innisbrook Court		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 Julie Swartzel					Registration Number, if PAC		
Street Address 2137 Bentwood Circle, Apt 2D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	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)]

Page Total \$ 370.00