## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Our Community Our Schools				
Full Name of Contributor			Registration Number, if P	AC
Thomas Peet				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
6128 Headington Place				Credit Card
City	State	Zip Code	M D Y	Amount
Gahanna	o   h	43230	1:0 0:7 1.1	100.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Registration Number, if P	
Tawnya Barton				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
6327 Champions Drive	' '			Credit Card
City	State	Zip Code	M D Y	Amount
Westerville	o j h	43082	110 114 11	50.00
Full Name of Contributor	0 1	10002	Registration Number, if P	
Laura Ehninger				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
282 Ashford Drive	inipio) tii otea	parion 2200 Significan		Credit Card
City	State	Zip Code	M D Y	Amount
•	, L	43082	1 1	
Westerville Full Name of Contributor	O I	43062	1 0 1 + 3 1 + 1	
			Registration (sumber, if r	AL
Deborah king Street Address	Ir			Form (Cash, Check, etc.)
	Employer/Occu	pation/Labor Organization*		
4240 Wyandotte Woods Blyd		Title		Credit Card
City	State	Zip Code	M D Y	Amount
Dublin	oh	43016	1   0   1   2   1   1	
Full Name of Contributor			Registration Number, if P	AC
Gerald McSwords				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
6953 Seafield ct				Credit Card
City	State	Zip Code	M D Y	Amount
Westerville	o h	43082	1 0 1 2 1 1	
Full Name of Contributor			Registration Number, if P	AC
Timothy Scott Dorne				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5524 Rushden Drive				Credit Card
City	State	Zip Code	M D Y	Amount
Gahanna	$o \mid h$	43230	1 0 1 2 1 1	100.00
Full Name of Contributor			Registration Number, if P	AC
Patricia Labyk				
Street Address	Employer/Occu	pation/Labor Organization*	•	Form (Cash, Check, etc.)
42 Spring Creek Drive				Credit Card
City	State	Zip Code	M D Y	Amount
Westerville	0 h	43081	10112111	83.00
Full Name of Contributor			Registration Number, if P	
Christine Dilley				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1084 E College Ave		•		Credit Card
City	State	Zip Code	M D Y	Amount
Westerville	o   h	43081	1:0 1:1 1:1	
. restervine	1 0 1	1 10001	<u> </u>	25.00

Page Total \$	658.00

<sup>\*</sup> 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)]