

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Aloma Gibbs					Registration Number, if PAC		
Street Address 2420 Morse Creek Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 1	Y 0 9	Amount 80.00	
Full Name of Contributor Laura Ehninger					Registration Number, if PAC		
Street Address 282 Ashford Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43081	M 0 9	D 1 1	Y 0 9	Amount 100.00	
Full Name of Contributor Elizabeth Krile					Registration Number, if PAC		
Street Address 5163 St Andrews Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 1	Y 0 9	Amount 100.00	
Full Name of Contributor Keith Bell					Registration Number, if PAC		
Street Address 730 Schyler Court		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor Chris Baumann					Registration Number, if PAC		
Street Address 425 Havendale Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor Thomas Lynch					Registration Number, if PAC		
Street Address 13421 Saylor Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Baltimore	State o h	Zip Code 43105	M 0 9	D 1 1	Y 0 9	Amount 60.00	
Full Name of Contributor Anna McKnight Matney					Registration Number, if PAC		
Street Address 8652 Maisch St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Blacklick	State o h	Zip Code 43004	M 0 9	D 1 2	Y 0 9	Amount 48.00	
Full Name of Contributor Rebecca Kuhlman					Registration Number, if PAC		
Street Address 225 W Hubbard Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 2	Y 0 9	Amount 100.00	

* 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 \$ 588.00