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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				ASSESSMENT AND THE RESERVE OF THE R		
Name of Committee in Full						
Our Community Our Schools			***************************************			
Full Name of Contributor			Registra	ition Nun	ber, if Pa	AC
Aloma Gibbs						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
2420 Morse Creek Drive						Check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O H	43230	0 9	111	0 9	80.00
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC
Laura Ehninger						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
282 Ashford Drive						check
City	State	Zip Code	M	D	Y	Amount
Westerville	OH	43081	0 9	1 1	0 9	100.00
Full Name of Contributor			Registra		ber, if P	AC
Elizabeth Krile						
Street Address	Employer/Occup	oation/Labor Organization*	- Company			Form (Cash, Check, etc.)
5163 St Andrews Drive						Check
City	State	Zip Code	M	D	Y	Amount
Westerville	$O \mid H$	43082	0 9	1 1	0 9	100.00
Full Name of Contributor			CONTRACTOR	el material material and material and a	ber, if P	S. 485 M. S. 500 M. S. 600 M.
Keith Bell						
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
730 Schyler Court	annio, or coordinate and or organization				Credit Card	
City	State	Zip Code	M	D	Y	Amount
Gahanna	$O \mid H$	43230	1 .	1 1		50.00
Full Name of Contributor		T:02:00	omaniono con con especial de la constantida del constantida del constantida de la co	CONTRACTOR CONTRACTOR CONTRACTOR	ber, if Pa	Salara de la companya del companya de la companya del companya de la companya del la companya de
Chris Baumann			Sicon		,	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
425 Havendale Drive		Julion Burot of guinement				Credit Card
City	State	Zip Code	М	D	Y	Amount
Westerville	OH	43082	0 9	I .	0 9	50.00
Full Name of Contributor	1011	43004	NAMES OF TAXABLE PARTY.	A CHARLEST AND A CHAR	CONTRACTOR OF THE PARTY OF THE	
Thomas Lynch Street Address	[Employer/Occur	pation/Labor Organization*			Salara (edis) desiry Salara (dis	Form (Cash, Check, etc.)
	Estipioyet/Occupation/Labor Organization				Credit Card	
13421 Saylor Road _{City}	State	Zip Code	M	D	Y	Amount
i i	o h	1 *	1	1		R .
Baltimore Full Name of Contributor	0 11	43105	Dogistry	II I	0 9 ber, if P	60.00
			Registiz	mon ivuii	ibei, ii F	AC
Anna McKnight Matney	TE 1 (0)	······································			//////////////////////////////////////	Farm (Cash Charle ata)
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
8652 Maisch St		T			7	Credit Card
City	State	Zip Code	M	D	Y	Amount
Blacklick	o h	43004	0 9		0 9	48.00
Full Name of Contributor			Registra	ation Nun	nber, if P.	AC
Rebecca Kuhlman		<u>, , , , , , , , , , , , , , , , , , , </u>				
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
225 W Hubbard Ave				n Characterin anny teaminm (a		Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43215	0 9	1 2	0 9	100.00

Page Total	\$ 588.00

^{*} 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)]