

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools													
Full Name of Contributor Lorean Payne						Registration Number, if PAC							
Street Address 5514 Lynx Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 1		Y 0 9		Amount 25.00	
Full Name of Contributor Nancy Kagarise						Registration Number, if PAC							
Street Address 6139 Charmer Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 1		Y 0 9		Amount 50.00	
Full Name of Contributor Robert Payne						Registration Number, if PAC							
Street Address 5514 Lynx Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 2		Y 0 9		Amount 25.00	
Full Name of Contributor Deborah Meissner						Registration Number, if PAC							
Street Address 135 East Walnut			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 2		Y 0 9		Amount 100.00	
Full Name of Contributor Roger Howard						Registration Number, if PAC							
Street Address 136 Cherokee Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 2		Y 0 9		Amount 50.00	
Full Name of Contributor Margaret Smith						Registration Number, if PAC							
Street Address 7923 Solitude Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 2		Y 0 9		Amount 37.00	
Full Name of Contributor Kelly Hoffman						Registration Number, if PAC							
Street Address 3422 Van Fossen Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Johnstown		State o h		Zip Code 43031		M 0 9		D 2 2		Y 0 9		Amount 50.00	
Full Name of Contributor Silvia Galli						Registration Number, if PAC							
Street Address 5380 Hathornden Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Dublin		State O H		Zip Code 43017		M 0 9		D 2 2		Y 0 9		Amount 12.00	

* 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 \$ 349.00