

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools													
Full Name of Contributor Gillian Kennedy						Registration Number, if PAC							
Street Address 7927 Stonehurst Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Dublin		State O H		Zip Code 43016		M 0 9		D 2 5		Y 0 9		Amount 25.00	
Full Name of Contributor Kristine Klein						Registration Number, if PAC							
Street Address 62 Elmwood Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Delaware		State O H		Zip Code 43015		M 0 9		D 2 5		Y 0 9		Amount 80.00	
Full Name of Contributor Molly Miller						Registration Number, if PAC							
Street Address 7655 Tortuga Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Dayton		State O H		Zip Code 45414		M 0 9		D 2 5		Y 0 9		Amount 40.00	
Full Name of Contributor Suzanne Kile						Registration Number, if PAC							
Street Address 6368 Spring Run Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card						
City Westerville		State O H		Zip Code 43082		M 1 0		D 0 3		Y 0 9		Amount 100.00	
Full Name of Contributor Sarah Berka						Registration Number, if PAC							
Street Address 1290 Northpoint Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 1 0		D 0 3		Y 0 9		Amount 50.00	
Full Name of Contributor Richard Rano						Registration Number, if PAC							
Street Address 4682 St Andrews Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43082		M 1 0		D 0 3		Y 0 9		Amount 100.00	
Full Name of Contributor Nancee Jahn						Registration Number, if PAC							
Street Address 8200 Haenzel Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State O H		Zip Code 43123		M 1 0		D 0 3		Y 0 9		Amount 200.00	
Full Name of Contributor Gregory McDevitt						Registration Number, if PAC							
Street Address 4304 Ponderosa Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43231		M 1 0		D 0 3		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 \$ 695.00