

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Anne Keane						Registration Number, if PAC			
Street Address 5071 Buffalo Run			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 4	Amount 41.00		
Full Name of Contributor Sue Ann Holdren						Registration Number, if PAC			
Street Address 1115 Melinda Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 4	Amount 50.00		
Full Name of Contributor Katherine Rogers						Registration Number, if PAC			
Street Address 480 Foxtrail Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 4	Amount 25.00		
Full Name of Contributor Matt Davis						Registration Number, if PAC			
Street Address 119 Hewes Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Delaware	State O	H H	Zip Code 43015	M 1	D 0	Y 4	Amount 228.00		
Full Name of Contributor Jeff Gale						Registration Number, if PAC			
Street Address 6429 Bromfield			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43082	M 1	D 0	Y 4	Amount 228.00		
Full Name of Contributor Greg Viebranz						Registration Number, if PAC			
Street Address 7992 Brookpoint Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 0	Y 5	Amount 135.00		
Full Name of Contributor Jennifer Knapp						Registration Number, if PAC			
Street Address 8631 Winding Creek Way NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington	State o	H h	Zip Code 43147	M 1	D 0	Y 5	Amount 100.00		
Full Name of Contributor Lynne Maslowski						Registration Number, if PAC			
Street Address 2717 Alder Vista Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43231	M 1	D 0	Y 5	Amount 25.00		

* 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 \$ 832.00