

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Our Community Our Schools								
full Name of Contributor			Registra	Registration Number, if PAC				
Anne Keane								
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
5071 Buffalo Run		-				Check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	$O \mid H$	43081	1 0	0 4	0 9		41.00	
Full Name of Contributor Registration Number, if PAC								
Sue Ann Holdren								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
1115 Melinda Drive	<u></u>		wow.	tagging time		Check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	$O \mid H$	43081	1 0	THE RESIDENCE OF THE PARTY OF T	BEODOS PRINTE ALARMAN (NO.		50.00	
Full Name of Contributor	Registration Number, if P.					AC		
Katherine Rogers								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)	
480 Foxtrail Circle						Check	***************************************	
City	State	Zip Code	M	D	Y	Amount	Am ^-	
Westerville	$O \mid H$	43081	The second second second	0 4	Account to the second section of the second	L	25.00	
Full Name of Contributor			Kegistr:	ation Num	ider, if Pa	AL		
Matt Davis Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, e							ick etc.	
Street Address	Employer/Occu	padod/Labor Organization*					AR, TIC.)	
119 Hewes Street	C	7in Code	1 34		ΙΥ	Check Amount		
City	State H	Zip Code	M	D		22	220 nn	
Delaware Full Name of Contributor		43015	1 0	THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Angere Amilia with responsible and interest in the contract of	228.00	
Jeff Gale Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
6429 Bromfield	Zanproyer occupation Labor Organization				Check			
City	State	Zip Code	M	D	Y	Amount		
Westerville	OH	43082		$0 \mid 4$	1 .		228.00	
Full Name of Contributor			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ation Num	The contract of the contract o	Contract and contract account to the contract and contrac		
Greg Viebranz								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)	
7992 Brookpoint Place						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH	43081	10	0 5	0 9	··	135.00	
Full Name of Contributor	Registration Number, if P					A SECURIOR OF THE PROPERTY OF		
Jennifer Knapp								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)	
8631 Winding Creek Way NW				marine and the second	Check	<u> </u>		
City	State	Zip Code	M	D	Y	Amount		
Pickerington	o h	43147		0 5			100.00	
Full Name of Contributor Registration Number, if PAC								
Lynne Maslowski						Te		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	еск, etc.)		
2717 Alder Vista Drive	State Tip Code M D V			T 37	Check			
City	State	Zip Code	M	D	Y	Amount	3 E 00	
Columbus	O H	43231	1 0	MANAGEMENT AND ADDRESS OF THE PARTY OF THE P			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