

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Lee Stomps-Coburn					Registration Number, if PAC		
Street Address 2585 McVey Blvd W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 6	Y 0 9	Amount 100.00	
Full Name of Contributor Sheila Fox					Registration Number, if PAC		
Street Address 1401 Curve Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 1 0	D 1 6	Y 0 9	Amount 90.00	
Full Name of Contributor Natalie Schaublin					Registration Number, if PAC		
Street Address 305 Sterling Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 75.00	
Full Name of Contributor Jenny Wenner					Registration Number, if PAC		
Street Address 3190 Old State Rd #122		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 1 0	D 1 6	Y 0 9	Amount 85.00	
Full Name of Contributor Clair Wood					Registration Number, if PAC		
Street Address 1474 B Lafayette Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Jennifer Stewart					Registration Number, if PAC		
Street Address 1560 W 7th Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Janice Hamann					Registration Number, if PAC		
Street Address 323 Mainsail Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 85.00	
Full Name of Contributor Suzanne Kass					Registration Number, if PAC		
Street Address 7991 Fairway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 6	Y 0 9	Amount 80.00	

* 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)]