Dogo	15
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				and and an income				
Name of Committee in Full								
Our Community Our Schools Full Name of Contributor				Registra	tion Num	ber, if Pa	A.C.	
Kimi Dodds				Rogistia	tion run	1001, 11 1 2	•	
Street Address	Employer/	Оссира	ation/Labor Organization*	L	Markon and and and an	ranni be anazarin 111 anni	Form (Cash, Chec	k, etc.)
186 Monroe Lane		- Juapa					Check	, /
City	State	9	Zip Code	M	D	Y	Amount	***************************************
Westerville		Н	43081	0 9	2 2	0 9		85.00
Full Name of Contributor						ber, if Pa	AC	
Monica Gaal								
Street Address	Employer/	Occupa	ation/Labor Organization*	-Communication			Form (Cash, Chec	ck, etc.)
445 Havendale Dr							Check	
City	State	2	Zip Code	М	D	Y	Amount	
Westerville	0	Н	43082	0 9	2 2	0 9		80.00
Full Name of Contributor				Registra	tion Nun	iber, if Pa	AC	
Amy Kingera								
Street Address	Employer/	Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)	
610 Manchester Drive			<u> </u>		s	T ===	Check	CONTRACTOR OF THE STATE OF THE
City	State		Zip Code	M	D	Y	Amount	
Pickerington		Н	43147	0 9	2 2			57.00
Full Name of Contributor				Kegistra	tion Nun	iber, if Pa	AC	
Bernadette Laughlin	TE-malayar/	Occupa	otion/Labor Organization*			AND CONTRACTOR OF THE PARTY OF	Form (Cosh, Cha	ok oto)
Street Address 7005 Profforton Place	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7025 Brafferton Place	State	۵ ا	Zip Code	M	D	Y	Check Amount	
Columbus	O	Н	43235	1	2 2	l .		90.00
Full Name of Contributor			I TUZUU			ber, if P	AC	20.00
Linda Manuel						, "		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	ck, etc.)			
4692 Winery Way	Employ on Occupation Europe Organization		Check					
City City	State	e	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 9	2 4	0 9		60.00
Full Name of Contributor		***********		market who shall be seen as		nber, if P.	AC	
Vicki Moss								
Street Address	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
487 Olde English Ct							Check	
City	State		Zip Code	М	D	Y	Amount	
Westerville	0	H	43082	0 9	2 4	0 9		5.00
Full Name of Contributor				Registra	tion Nun	nber, if P.	AC	
Katie Stapleton								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5120 Oakmont Place				7	1 -	1 17	Check	
City	State		Zip Code	M	D	Y	Amount	22.00
Westerville	0	h	43082	0 9			A.C.	23.00
Full Name of Contributor Registration Number, if PAC								
Jacqueline Ryan Street Address				ck. etc.)				
Street Address 41.29 Proof Pood	Employer Soughton Labor Signification		Check					
6128 Braet Road City	State	e	Zip Code	M	D	Y	Amount	
	O	Н	43081	0 9	1 .	1 .	E	65.00
Westerville	$\perp \lor \perp$	~	1 20001	1017	<u>, 4 4</u>	1012	1	00.00

* 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	\$	465.00
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