

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Sarah Montell						Registration Number, if PAC			
Street Address 1314 Cherokee Rose Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Sue Pryor						Registration Number, if PAC			
Street Address 1100 Fishermans Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43082		M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Debra McRoberts						Registration Number, if PAC			
Street Address 5129 Tussic St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43082		M 1	D 0	Y 0	Amount 53.00	
Full Name of Contributor Rebecca Shepherd						Registration Number, if PAC			
Street Address 5387 Central College			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Betsy Lavric						Registration Number, if PAC			
Street Address 225 Academy Woods Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 1	D 0	Y 0	Amount 20.00	
Full Name of Contributor Shelly Butterfield						Registration Number, if PAC			
Street Address 3812 Bentworth Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43230		M 1	D 0	Y 0	Amount 42.00	
Full Name of Contributor Candice Cain						Registration Number, if PAC			
Street Address 5148 Wolf Run Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Elizabeth Eddy						Registration Number, if PAC			
Street Address 5511 Durrell Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43229		M 1	D 0	Y 0	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)]

Page Total \$ 340.00