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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			/a				
Name of Committee in Full							
Our Community Our Schools			15	by	1001	C	
Full Name of Contributor			Registrati	ion Numt	ber, if PA	iC .	
Sarah Montell					anni anni anni anni anni anni anni anni		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1314 Cherokee Rose Drive						Check	
City	State	Zip Code	M	D	- 8	Amount	
Westerville	$O \mid H$	43081		0 9	0 9		20.00
Full Name of Contributor			Registrat	ion Numl	per, if PA	rC	
Sue Pryor				40-4400-00-00-00-00-00-00-00-00-00-00-00			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1100 Fishermans Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	$O \mid H$	43082	1 0	0 9	0 9		25.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC .	
Debra McRoberts							
Street Address	Employer/Occup	pation/Labor Organization*	<u>8</u>			Form (Cash, Che	ck, etc.)
5129 Tussic St		-				Check	
City	State	Zip Code	M	D	Y	Amount	20022)P7744-194
Westerville	OH	43082	110	0 9	0 9		53.00
Full Name of Contributor		10002	Registrat	CONTRACTOR STATE OF THE PARTY O	version contract cont	AC	
Rebecca Shepherd							
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Che	ck, etc.)
						Check	
5387 Central College	State	Zip Code	М	D	Y	Amount	
	OH	43081	1 0		0 9		50.00
Westerville Full Name of Contributor		1 40001		ion Num		AC	00.00
			5.00		,		
Betsy Lavric	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	ck. etc.)
Street Address	Employer/Occup	Sations Dabor Organization				Check	,
225 Academy Woods Dr	State	Zip Code	М	D	Y	Amount	
City	1 _ , , ,	43230	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	1 .	l		20.00
Gahanna		43230		CONTRACTOR OF THE PARTY OF THE	CONTRACTOR OF STREET		۵.00
Full Name of Contributor Registration Number, if PAC							
Shelly Butterfield	ITlavor/Osav	pation/Labor Organization*		A CONTRACTOR OF THE PROPERTY OF		Form (Cash, Che	eck etc.)
Street Address	Employer/Occu	pation/Lauor Organization				Check	JON, 010.)
3812 Bentworth Lane		T. C.1.	М	D	Y	Amount	
City	State	Zip Code				N .	42.00
Columbus	OH	43230		0 9			42.00
Full Name of Contributor			Registra	tion Nun	ioci, ii P.	AC	
Candice Cain				March and the second se	Maria de la companya	Born (Coch Ch	ack etc.)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5148 Wolf Run Drive				T =	1 77	Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Gahanna	o h	43230	10		0 9		50.00
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Elizabeth Eddy							· ·
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
5511 Durrell Road					epanonement	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43229	1 0	0 9	0 9		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 S	3	40.00
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