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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	tion Num	ber, if PA	С
Debra Ubry	· · · · · · · · · · · · · · · · · · ·					
Street Address	Employer/Occup	ation/Labor Organization*			i	Form (Cash, Check, etc.)
7293 Hawksbeard Dr.						Credit Card
City	State	Zip Code	M	D	Y	Amount
Westerville,	O H	43082		2 7		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Kimberly Cody						
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Check, etc.)
6309 Interlachen Ave.						Credit Card
City	State	Zip Code	М	D	Υ	Amount
Westerville,	$O \mid H$	43082	019	217	1 1	50.00
Full Name of Contributor				tion Num		
Diane Brewer						
Street Address	Employer/Occup	ation/Labor Organization*			_	Form (Cash, Check, etc.)
1192 Wallean Dr.						Credit Card
City	State	Zip Code	M	D	Ŷ.	Amount
Westerville,	O!H	43081	019	217	1 1	50.00
Full Name of Contributor	1 0 1 2	1 43001		tion Num	_	
Mark Hershiser			ive giotia		JC1, 11 1 1 1	
Street Address	EmployariOnour	ation/Labor Organization*			_	Form (Cash, Check, etc.)
	isinployer/Occup	anone casor Organization				
5753 Greenfield Dr.		2:. C. I.	N.F.		Y	Credit Card
	State O H	Zip Code	M	D		Amount
Galena, Full Name of Contributor	0 H	43021		2 7	$\frac{1}{1}$	150.00
			Kegistrai	tion Numl	oer, II PA	C
Maria Petrozzi						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
6509 Margaret Dr.						Credit Card
City	State	Zip Code	M.	D	Y	Amount
Westerville,	O H	43082	0 9	2 7	1 1	65.00
Full Name of Contributor			Registrat	tion Numl	oer, if PA	С
Ruth McDermott						
Street Address	Employer/Occup	ation/Labor Organization*				Fonn (Cash, Check, etc.)
882 Helenhurst Ct.						Credit Card
City	State	Zip Code	М	D	Y	Amount
Westerville,	O H	43081	019	2 7	1 1	50.00
Full Name of Contributor				tion Num		С
Kimberly Woosley						
Street Address	Employer/Occup	ation/Labor Organization*				Fonn (Cash, Check, etc.)
110 Daniel Dr.						Credit Card
City	State	Zip Code	М	D	Y	Amount
Westerville,	ОТН	43081	019	217	1 1	50.00
Full Name of Contributor				tion Num	_	
Mary Yoest						
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)
98 S. Grove St.	, , , , , , , , , , , , , , , , , , , ,	Č				Credit Card
City	State	Zip Code	M	D	Y	Amount
Westerville,	0 H	43081	019	l .	1 1	25.00
* v ester ville,		1 ±0001	1017	4 / /	T L	25.00

Page Total	\$ 540.00

[•] 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)]