

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Cheryl Lovell						Registration Number, if PAC			
Street Address 120 Hiawatha Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 3	Amount 200.00			
Full Name of Contributor Kathleen Waltman						Registration Number, if PAC			
Street Address 1734 Jupiter Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0	D 9	Y 3	Amount 25.00			
Full Name of Contributor Karen Gabay						Registration Number, if PAC			
Street Address 3139 Sunbury Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galena	State O H	Zip Code 43021	M 0	D 9	Y 3	Amount 50.00			
Full Name of Contributor Amy Miller						Registration Number, if PAC			
Street Address 1629 Six Point Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 9	Y 3	Amount 50.00			
Full Name of Contributor Thomas Lynch						Registration Number, if PAC			
Street Address 722 Winmar Place West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 3	Amount 25.00			
Full Name of Contributor Christi Cabungcal						Registration Number, if PAC			
Street Address 387 Westgreen Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 9	Y 3	Amount 100.00			
Full Name of Contributor Tamara Martine						Registration Number, if PAC			
Street Address 5641 Spohn 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 50.00			
Full Name of Contributor Machelle Kline						Registration Number, if PAC			
Street Address 50 Stonestrow Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Alexandria	State O H	Zip Code 43001	M 1	D 0	Y 0	Amount 50.00			

* 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 \$ 550.00