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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools					1		
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC	
Cheryl Lovell	mining at the second se					E (C \ 2'	-1
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	
120 Hiawatha Ave						Credit C	ard
City	State	Zip Code	M	D	Y	Amount	000.00
Westerville	$O \mid H$	43081	0 9	3 0			200.00
Full Name of Contributor			Registra	uon Num	ber, if Pa	AC.	
Kathleen Waltman				***********************	***************************************	F (C -1 - C)	1
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1734 Jupiter Ave				T	J	Check	
City	State	Zip Code	M	D	Y	Amount	0 m 00
Hilliard	OH	43026		3 0			25.00
Full Name of Contributor			Registra	tion Nun	iber, if Pa	AC	
Karen Gabay		7.1				Enema (Cont. C.	acle atc
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3139 Sunbury Road			7	T	1 37	Check	
City	State	Zip Code	M	D	Y	Amount	" 0 00
Galena	lo H	43021		3 0			50.00
Full Name of Contributor			Registra	tion Nun	ber, if P.	AC	
Amy Miller				en e			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
1629 Six Point Court				T		Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Worthington	O H	43085			0 9		50.00
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Thomas Lynch				7000 February 1990 1990		F (C	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
722 Winmar Place West				T		Check	
City	State	Zip Code	M	D	Y	Amount	a = ac
Westerville	OH	43081	STATES AND	3 0	NAMES OF TAXABLE PARTY.	with the second	25.00
Full Name of Contributor			Registra	ition Nun	nber, if P	AC	
Christi Cabungcal						In (2 : 2:	
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
387 Westgreen Lane				1 ~	1 77	Check	
City	State	Zip Code	M	D	Y	Amount	100.00
Westerville	O H	43082			0 9		100.00
Full Name of Contributor			Registra	ition Nur	nber, if P	AC	
Tamara Martine						TE	1
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5641 Spohn Drive					1	Check	
City	State	Zip Code	M	D	Y	Amount	ma aa
Westerville	l o h	43081	1 0		0 9		50.00
Full Name of Contributor	•		Registra	ation Nur	nber, if P	'AC	
Machelle Kline							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
50 Stonesthrow Court						Check	······································
City	State	Zip Code	M	D	Y	Amount	ma aa
Alexandria	I O H	43001	1 0	$0 \mid 1$	09	d the name of the	50.00
		43 4 40 11 1 10		.1		J 41	

* 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