

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|----------------------------------------------------------------------|-------------------|---------------|-----------------------------------------|---------------|---------------|-----------------------------|------------------------------------------------|---------------|---------------|
| Name of Committee in Full Our Community, Our Schools | | | | | | | | | |
| Full Name of Contributor Westerville Education Association | | | | | | Registration Number, if PAC | | | |
| Street Address 519 South Otterbein Avenue | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Westerville | State O | H H | Zip Code 43081 | M 0 | D 4 | Y 2 | Y 9 | Y 0 | Y 9 |
| | | | | | | Amount 450.00 | | | |
| Full Name of Contributor James & Patricia Burnes | | | | | | Registration Number, if PAC | | | |
| Street Address 2428 Canterbury Road | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O | H H | Zip Code 43221 | M 0 | D 5 | Y 0 | Y 1 | Y 0 | Y 9 |
| | | | | | | Amount 300.00 | | | |
| Full Name of Contributor James & Janet Davis | | | | | | Registration Number, if PAC | | | |
| Street Address 447 Six Pence Circle | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Westerville | State O | H H | Zip Code 43081 | M 0 | D 4 | Y 1 | Y 0 | Y 0 | Y 9 |
| | | | | | | Amount 30.00 | | | |
| Full Name of Contributor Randy & Teresa Lott | | | | | | Registration Number, if PAC | | | |
| Street Address 13670 Halloon Lane | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Pataskala | State O | H H | Zip Code 43062 | M 0 | D 4 | Y 2 | Y 3 | Y 0 | Y 9 |
| | | | | | | Amount 25.00 | | | |
| Full Name of Contributor Leslie & April Mann | | | | | | Registration Number, if PAC | | | |
| Street Address 290 Baldwin Court | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City Westerville | State O | H H | Zip Code 43082 | M 0 | D 4 | Y 2 | Y 3 | Y 0 | Y 9 |
| | | | | | | Amount 25.00 | | | |
| Full Name of Contributor Randy & Jennifer Snyder | | | | | | Registration Number, if PAC | | | |
| Street Address 6155 Albany Crest Avenue | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | |
| City New Albany | State O | H H | Zip Code 43054 | M 0 | D 4 | Y 2 | Y 7 | Y 0 | Y 9 |
| | | | | | | Amount 50.00 | | | |
| Full Name of Contributor Pamela Potter | | | | | | Registration Number, if PAC | | | |
| Street Address 847 Twp Road 2104 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Credit Card | | |
| City Sashland | State O | H H | Zip Code 44805 | M 0 | D 4 | Y 2 | Y 3 | Y 0 | Y 9 |
| | | | | | | Amount 100.00 | | | |
| Full Name of Contributor Todd Spinner | | | | | | Registration Number, if PAC | | | |
| Street Address 5784 Greenfield Drive | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Credit Card | | |
| City Galena | State O | H H | Zip Code 43021 | M 0 | D 4 | Y 2 | Y 3 | Y 0 | Y 9 |
| | | | | | | Amount 100.00 | | | |

* 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)]