Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			especial control of the control of t			
Our Community Our Schools						
Full Name of Contributor			Registra	tion Num	ber. if P	AC
			Registra	tion rain		
Karen McClellan Street Address	Emnlover/Occur	ration/Labor Organization*			Dependent of the second	Form (Cash, Check, etc.)
232 Reinhard Avenue	Employen occup	ation bassi Organization				credit card
City	State	Zip Code	М	D	Ÿ	Amount
Columbus	OH	43206	0 8		0 9	100.00
Full Name of Contributor		1 40200	(SOURCE STREET, SOURCE STREET, SOURC	tion Num	CONTRACTOR OF THE PARTY OF THE	Solitalisekaitan rakumaanno mikaiintamisikkimmuuna maanaanno maa
Diane and Doug Fosselman			1.05.000			
Street Address	Employer/Occur	nation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
1260 Autumn Park Ct						credit card
City	State	Zip Code	M	D	Y	Amount
Westerville	OH	43081	0 8	1	0 9	75.00
Full Name of Contributor		1 40001	CONTRACTOR OF THE PROPERTY OF THE PERSON OF	tion Num		CANCEL CONTROL
Beverly Good					•	
Street Address	Employer/Occup	oation/Labor Organization*			Name of the State	Form (Cash, Check, etc.)
852 Watten Lane	' ' '					credit card
City	State	Zip Code	M	D	Y	Amount
Westerville	$O \mid H$	43081	0 8	2 6	0 9	50.00
Full Name of Contributor		1 2000		tion Num		
Michael Carr						
Street Address	Employer/Occup	oation/Labor Organization*		O CONTRACTOR OF THE OWNER, CONTRACTOR OF THE O	eccanion procession and a second	Form (Cash, Check, etc.)
449 Peale Ct						Credit Card
City	State	Zip Code	М	D	Y	Amount
Gahanna	OH	43230	0 8	2 8	0 9	75.00
Full Name of Contributor				tion Nun		AC
Barry Ackerman						
Street Address	Employer/Occup	oation/Labor Organization*		Marini de la constitución de la		Form (Cash, Check, etc.)
116 Daniel Drive						Credit Card
City	State	Zip Code	M	D	Y	Amount
Westerville	OH	43081	0 8	2 8	0 9	100.00
Full Name of Contributor			Registra	ition Num	ber, if Pa	AC
Jan Fedorenko				*******************************		
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
609 Grist Run Road						Credit Card
City	State	Zip Code	М	D	Y	Amount
Westerville	o h	43082		3 0		
Full Name of Contributor			Registra	tion Nun	ber, if P	AC
Amy Miller						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
1629 Six Point Court				w een to the test of the test 		Credit Card
City	State	Zip Code	М	D	Y	Amount
Worthington	O H	43085		3 1	0 9	150.00
Full Name of Contributor			Registra	tion Nun	nber, if P.	AC
Lucy Rader-Brown				one and the second		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7274 Nightshade Drive						Credit Card
City	State	Zip Code	M	D	Y	Amount
Westerville	O H	43082	0 9	0 1	0 9	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	\$ 650.00