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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. C. C. Line in F. II				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of Committee in Full							
Our Community Our Schools Full Name of Contributor				Registrat	ion Num	ber, if PA	A.C
				Registrat	ion ituii	DCI, 11 1 2	
Mark Hershiser Street Address	Employer	Occurs	tion/Labor Organization*				Form (Cash, Check, etc.)
	Linployer/	occupa	mon Eagor Organization				credit card
5753 Greenfield Drive City	State		Zip Code	M	D	Y	Amount
		Н	43021	1 . 1	0 7	0 9	150.00
Galena Full Name of Contributor	0	11	43021	egovorossa vasta anticidado	THE RESERVE OF THE PERSON OF T	ber, if P	
				Registrat	JOH IVUII	1001, 11 1 2	
Pamela Potter Street Address	TElavas/	<u> </u>	tion/Labor Organization*	1			Form (Cash, Check, etc.)
	Employer	Оссира	mon/Labor Organization				credit card
847 Township Road 2104			Zip Code	l M	D	Y	Amount
City	State	H	•	1			
Ashland		11	44805	0 9	CONTRACTOR DE L'ADVICTOR DE L'		100.00
Full Name of Contributor Registration Number, if PAC							
Chris Wanner	Transferre /	O	rion / abor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/	Occupa	ation/Labor Organization*				
1220 Churchbell Way	Q: -		7i- Code	М		Y	credit card
City	State		Zip Code	1	D		
Columbus	0	H	43235	0 9	anno managamenta anno anno anno anno anno anno anno a	0 9 ber, if P	150.00
Full Name of Contributor				Registra	non Nun	iber, ii Pa	AC .
Kevin Hoffman	Tr. 1 /			<u> </u>			To (Cosh Chash sta)
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1147 Tidewater Ct	ļ			1 57	T 55	1 37	Credit Card
City	State		Zip Code	M	D	Y	Amount
Westerville		Н	43082	entra de la constantina del constantina de la co	0 9	HEATHAN MAILTHUR WARRY SCHOOL	100.00
Full Name of Contributor Registration Number, if PAC							
Andrew Heck				<u> </u>			
Street Address	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
5651 Red Bend Lane	<u> </u>				T	r 	Credit Card
City	State		Zip Code	M	D	Y	Amount
Columbus		H	43230	and an arrangement of the contract of the cont	1 0	A STATE OF THE PARTY OF THE PAR	Annual process of the contract
Full Name of Contributor Registration Number, if PAC							
Rick Bannister							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
124 Hampton Park East					·		Credit Card
City	State		Zip Code	M	D	Y	Amount
Westerville	0	h	43081			0 9	
Full Name of Contributor				Registra	tion Nun	nber, if P	AC
Ann Lockett							
Street Address	Employer	Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
No Address Provided							Credit Card
City	Stat	e	Zip Code	М	D	Y	Amount
					1 0		
Full Name of Contributor				Registra	tion Nur	nber, if P	AC
Vinny Herwig							
Street Address	Employer	Occup:	ation/Labor Organization*				Form (Cash, Check, etc.)
657 Bay Drive							Credit Card
City	Stat		Zip Code	М	D	Y	Amount
Westerville	0	Н	43082	0 9	1 0	0 9	25.00

* 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 \$	775.00