

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Anna Webber					Registration Number, if PAC		
Street Address 4027 Carlow Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1	D 0	Y 2	Amount 10.00	
Full Name of Contributor Susan Kaczor					Registration Number, if PAC		
Street Address 4143 Willow Hollow Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 2	Amount 20.00	
Full Name of Contributor Rebecca Berkowitz					Registration Number, if PAC		
Street Address 76 Parkview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Christopher Todd					Registration Number, if PAC		
Street Address 5597 Genoa Farms Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	Amount 20.00	
Full Name of Contributor Barbara Sutton					Registration Number, if PAC		
Street Address 3209 Minerva Lake Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Andrew Danec					Registration Number, if PAC		
Street Address 485 N State St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	Amount 65.00	
Full Name of Contributor Maryann Hines					Registration Number, if PAC		
Street Address 54 E Lincoln St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor Jeannine Mays					Registration Number, if PAC		
Street Address 4523 Kenfield Rd - B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43224	M 1	D 0	Y 2	Amount 70.00	

* 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 \$ 360.00