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Statement of Contributions Received

Prescribed by Secretary of State 3/05

					-			
Name of Committee in Full								
Our Community Our Schools			-					
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .		
Julie Miller								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
8341 Rookery Way				paussoommotumise		Check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	OH	43082	0 9	2 5	0 9		90.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Janet Pritchard								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
368 Farmeadow				200000000000000000000000000000000000000	,	Check		
City	State	Zip Code	М	D		Amount		
Westerville	$O \mid H$	43082	0 9	2 5	0 9		50.00	
Full Name of Contributor			Registra	tion Num	ber, if P	AC		
David Schultz					Zięji kielokowyczny zamie			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
12661 Clearbrook Oval				·	·	Check		
City	State	Zip Code	M	D	Y	Amount		
North Royalton	$O \mid H$	44133	0 9	CONTRACTOR CONTRACTOR			45.00	
Full Name of Contributor			Registra	tion Num	ber, if Pa	AC		
Paula Stenger								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2000 Lackey Old State Road					-	Check		
City	State	Zip Code	M	D	Y	Amount	* 0 00	
Delaware	$O \mid H$	43015	09				50.00	
Full Name of Contributor			Registra	tion Num	ber, if P	AC		
Steve Jados								
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	еск, etc.)	
7804 Talon Circle		and the second s				Check		
City	State	Zip Code	M	D	Y	Amount	00.00	
Westerville	O H	43082	0 9		0 9		80.00	
Full Name of Contributor			Registra	ition Nun	ber, if P	AC		
Heather Kearnes								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7191 Colonial Affair Dr				T =	7 77	Check		
City	State	Zip Code	M	D	Y	Amount	44.00	
New Albany	OH	43054			0 9		41.00	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC		
Jeff Madama							vals of s	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
5817 Privilege Drive			1 17	7 - 5	1 17	Check	····	
City	State	Zip Code	M	D	Y	Amount	60.00	
Hilliard	$\mid o \mid h$	43026	0 9				60.00	
Full Name of Contributor			Registr	auon Nun	nber, if P	AC		
Laurie Marburger						Form (Cook Ch.	ack atc.	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5218 Ainsley Drive			- T - T -	Th	7 7	Check	(a.(p.a.).a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.	
City	State	Zip Code	M	D	Y	Amount	6E 00	
Westerville	OH	43082	0 9	TO LEAVING THE REAL PROPERTY OF THE PARTY OF		the name of the	65.00	

* 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)]