

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community, Our Schools									
Full Name of Contributor Greg Viebranz						Registration Number, if PAC			
Street Address 7992 Brookpoint Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville		State O H		Zip Code 43081		M 0	D 4	Y 1	Amount 50.00
Full Name of Contributor Christine Doolittle						Registration Number, if PAC			
Street Address 232 East Schrock Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville		State O H		Zip Code 43081		M 0	D 4	Y 1	Amount 50.00
Full Name of Contributor Keith Bell						Registration Number, if PAC			
Street Address 730 Schyler Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Gahanna		State O H		Zip Code 43230		M 0	D 4	Y 1	Amount 50.00
Full Name of Contributor Jeff Memmer						Registration Number, if PAC			
Street Address P.O. Box 225			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Powell		State O H		Zip Code 43065		M 0	D 4	Y 1	Amount 100.00
Full Name of Contributor J Scott Gooding						Registration Number, if PAC			
Street Address 7836 Talon Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville		State O H		Zip Code 43082		M 0	D 4	Y 1	Amount 100.00
Full Name of Contributor Robert Gibson						Registration Number, if PAC			
Street Address 299 Ashford Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville		State O H		Zip Code 43082		M 0	D 4	Y 1	Amount 100.00
Full Name of Contributor Fred Tombaugh						Registration Number, if PAC			
Street Address 1159 Lori Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville		State O H		Zip Code 43081		M 0	D 4	Y 1	Amount 25.00
Full Name of Contributor Zachary Price						Registration Number, if PAC			
Street Address 3583 Pamela Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus		State O H		Zip Code 43230		M 0	D 4	Y 2	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)]

Page Total \$ 575.00