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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	-		
Our Community Our Schools	<u></u>	15 N. 1 .en	
Full Name of Contributor		Registration Number, if Pa	AC
James Grannis	Employer/Occupation/Labor Organization*	<del></del>	Form (Cash, Check, etc.)
Street Address	етрюует Оссиранове Labor Огданізанон		Credit Card
3142 Edgefiled Rd.	State Zip Code	M D Y	Amount
Columbus,	O H 43221	0:9 2 6 1 1	85.00
Full Name of Contributor	10221	Registration Number, if Pa	
Beth Morvay			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
213 E. College Ave.			Credit Card
City	State Zip Code	M D Y	Amount
Westerville,	O   H   43081	019 216 111	25.00
Full Name of Contributor		Registration Number, if Pa	AC
Karen Schmidt			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
701 Vista Dr.	Ì		Credit Card
City	State Zip Code	M D Y	Amount
Gahanna,	O H 43230	019 2 6 1 1	50.00
Full Name of Contributor		Registration Number, if Pr	AC
David Price			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
3583 Pamela Dr.			Credit Card
City	State Zip Code	M D Y	Amount
Gahanna,	O H 43230	0 9 2 6 1 1	150.00
Full Name of Contributor		Registration Number, if Pa	VC.
Laura Locke	In the form of the form of the		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*		Credit Card
566 Stratshire Ln.	State Zip Code	M D Y	Amount
l '	O H 43230	0 9 2 6 1 1	80.00
Gaharma, Full Name of Contributor	0   11   45230	Registration Number, if P.	<u> </u>
		registration (valider, i.e.)	
Zachary Price Street Address	Employer/Occupation/Labor Organization*		Fonn (Cash, Check, etc.)
60 E. Spring St., Apt 411	Employer occupanos casos organismos		Credit Card
City	State Zip Code	M D Y	Amount
Columbus,	O   H   43215	019 216 111	50.00
Full Name of Contributor		Registration Number, if P.	AC
Zach Price			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
60 E. Spring St., Apt.411			Credit Card
City	State Zip Code	M D Y	Amount
Columbus,	O   H   43215	0 9 2 6 1 1	100.00
Full Name of Contributor		Registration Number, if P.	AC
Kim Wickham			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
6818 Bay Forest Dr.			Credit Card
City	State Zip Code	M D Y	Amount
Westerville,	O H 43082	0 9 2 6 1 1	00.00
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\* 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 \$ 590.00