31-A
R.C. 3517.10

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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						Registration Number, if PAC	
Claudia Winner							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
145 Sandstone Loop W.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Westerville,	O H	43081	09	27	11		50.00
Full Name of Contributor						Registration Number, if PAC	
Kathleen Kikta							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
479 Stanley Ave.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Columbus,	O H	43206	09	27	11		40.00
Full Name of Contributor						Registration Number, if PAC	
Catherine Reinker							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
256 S. Gould Rd.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Columbus,	O H	43209	09	27	11		10.00
Full Name of Contributor						Registration Number, if PAC	
Christina Spencer							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
13153 E. Crosset Hill Dr.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Pickerington,	O H	43147	09	27	11		5.00
Full Name of Contributor						Registration Number, if PAC	
Adam Rex							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6180 Brenthurst Dr.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Columbus,	O H	43230	09	27	11		50.00
Full Name of Contributor						Registration Number, if PAC	
Lisa Lunn							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
170 E. Shelby Blvd.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Worthington,	O H	43085	09	27	11		20.00
Full Name of Contributor						Registration Number, if PAC	
Lynne Maskowski							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2717 Alder Vista Dr.							Credit Card
City	State	Zip Code	M	D	Y		Amount
Columbus,	O H	43231	09	27	11		50.00
Full Name of Contributor						Registration Number, if PAC	
Ashley Frownfelter							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
777 Worthington Woods Blvd.Suite 215							Credit Card
City	State	Zip Code	M	D	Y		Amount
Worthington,	O H	43085	09	27	11		2.00

* 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 $ 227.00