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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				, and the second second			
Name of Committee in Full							
Our Community Our Schools			In a - i - t	tion NT	hor if D	VC	
Full Name of Contributor			Registra	uon Num	ider, if PA	ıc	
Emily Considine						F 70 : 6:	1
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
4799 Mockingbird Court S						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43229	0 9	2 5	0 9		25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Deborah Corey				000000000000000000000000000000000000000			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
2360 Rufus Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Lewis Center	OH	43035	0 9	2 5	0 9		75.00
Full Name of Contributor			Registra		ber, if Pa	AC	
Teresa Wagner							
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>	Martin Maring Strangers year		Form (Cash, Che	ck, etc.)
1232 Three Forks Dr S		-				Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	0 H	43081	0 9		0 9		58.00
Full Name of Contributor		[X/OO].			ber, if P	AC	00.00
Chuck Amstutz							
Street Address	Employer/Occur	ation/Labor Organization*		renobilea en redona (1810)		Form (Cash, Che	ck, etc.)
						Check	
663 Kienle Ave ^{City}	State	Zip Code	М	D	Y	Amount	
		§	09	l .	1		50.00
Westerville	IOIH	<u> 43081</u>			ber, if P	AC	50.00
Full Name of Contributor			registra	uon Null	ioei, ii Pi		
Mike Denney	F1/0	ation A short Occasions		2000 X 100 X	vaint de la company de la comp	Form (Cash Cha	ck etc.)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6006 Turnwood Dr		Tr. C. I.		- F	1 37	Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Westerville	O H	43081	0 9	TO THE RESERVE OF THE PARTY OF	NAMES DE LA CONTRACTOR DE		50.00
Full Name of Contributor			Registra	ition Nun	nber, if P.	AC	
Michele Gelzleichter					Sales Sea, Medicalis		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
PO Box 165					againmannes comm	Check	·······
City	State	Zip Code	М	D	Y	Amount	
Westerville	ОН	43081			0 9		45.00
Full Name of Contributor					nber, if P		
A. R. Liao							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
291 St Thomas Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
Westerville	o h	43081	0 9	2 5	0 9		25.00
Full Name of Contributor					nber, if P		
Lisa Lunn							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
170 E Selby Blvd			Check				
City	State	Zip Code	M	D	Y	Amount	
	OH	43085	0 9		0 9	B	45.00
Worthington		1 35000	1017	1419	1012		20.00

* 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 \$	373.00
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