Statement of Contributions Received

Prescribed by Secretary of State 3/05

				100 mily 100		Solid Complete to Solid
Name of Committee in Full						
Our Community Our Schools						
Full Name of Contributor				Registration Number, if PAC		
Alisa Burdette				***************************************		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
645 Lazelle Road					Check	
City	State	Zip Code	M D	Y	Amount	
Westerville	O H	43081	1016	0 9		30.00
Full Name of Contributor			Registration Nur	nber, if Pa	AC	
Cheri Hochstetter						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Ch	eck, etc.)
7070 Cypress Drive					Check	
City	State	Zip Code	M D	Y	Amount	
Westerville	OH	43082	1 0 1 6	0 9		50.00
Full Name of Contributor			Registration Nun	er françasion en en el escoperación de la constante de la constante de la constante de la constante de la const	AC	
Ann Morahan						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1032 Blue Sail Drive			Check			
City	State	Zip Code	M D	ΙΥ	Amount	**************************************
Westerville	ОН	43081	1 0 1 6	0 9		100.00
Full Name of Contributor] *x000 i.	Registration Num	and the second second second	AC:	100.00
Sharilyn Jozwiak						
Street Address	Employer/Occur	oation/Labor Organization*		all and the second second	Form (Cash, Ch	ack atc.)
490 Blue Heron Ct	Employer/Occup			Check	icer, etc.)	
City	State	Zip Code	MD	Y	Amount	
		_ ·	1 1	1 1	Amount	15.00
Westerville Full Name of Contributor	IO H	43082	1 0 1 6			15.00
			Registration Nun	iber, ii PA	10	
Cynthia Baker-Deringer Street Address	F1/0	:			IE (C)- CI	
	Employer/Occup	oation/Labor Organization*			Form (Cash, Ch	eck, etc.)
1292 Royal Oak Drive					Check	
City	State	Zip Code	M D	1 1	Amount	www. o.o.
Lewis Center	I O I H	43035	1 0 1 6	with the second		75.00
Full Name of Contributor			Registration Nun	nber, if PA	AC	
Lisa Reed	······			***************************************		
Street Address	Employer/Occup		Form (Cash, Check, etc.)			
9144 Misty Dawn Drive					Check	~~~~
City	State	Zip Code	M D		Amount	
Columbus	OH	43230	1 0 1 6			68.00
Full Name of Contributor			Registration Nun	nber, if PA	AC .	
Laura Rees				VIII JANUARIS NA VIII VIII VIII VIII VIII VIII VIII V		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Ch	eck, etc.)
689 Bunker Hill Court					Check	
City	State	Zip Code	M D	Y	Amount	•
Westerville	OH	43081	1016	0 9		75.00
Full Name of Contributor			Registration Nun		AC	
Megan Winand						
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Ch	eck, etc.)
4550 Cascade Dr					Check	
City	State	Zip Code	M D	Y	Amount	
Powell	$O \mid H$	43065	1 0 1 6	0 9		39.00

* 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 \$ 452.00