

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Alisa Burdette					Registration Number, if PAC		
Street Address 645 Lazelle Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 30.00	
Full Name of Contributor Cheri Hochstetter					Registration Number, if PAC		
Street Address 7070 Cypress Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 50.00	
Full Name of Contributor Ann Morahan					Registration Number, if PAC		
Street Address 1032 Blue Sail Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 100.00	
Full Name of Contributor Sharilyn Jozwiak					Registration Number, if PAC		
Street Address 490 Blue Heron Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 15.00	
Full Name of Contributor Cynthia Baker-Deringer					Registration Number, if PAC		
Street Address 1292 Royal Oak Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 1 0	D 1 6	Y 0 9	Amount 75.00	
Full Name of Contributor Lisa Reed					Registration Number, if PAC		
Street Address 9144 Misty Dawn Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 1 0	D 1 6	Y 0 9	Amount 68.00	
Full Name of Contributor Laura Rees					Registration Number, if PAC		
Street Address 689 Bunker Hill Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 75.00	
Full Name of Contributor Megan Winand					Registration Number, if PAC		
Street Address 4550 Cascade Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 1 6	Y 0 9	Amount 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