Page 4
--------

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

			******************				
Name of Committee in Full							
Our Community Our Schools							
Full Name of Contributor			Registr	ation Nur	nber, if P.	AC	
Kimberly DeMooy				kalainen ja kanada k			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)
5818 Jersey Drive			***************************************			Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	O H	43054	1 0	1 6	0 9		79.00
Full Name of Contributor			Registr	ation Nun	nber, if P.	AC	
Joyce Lee							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)
676 Cherrington Road						Check	
City	State	Zip Code	M	D	Y	Amount	*****
Westerville	O H	43081	1 0	1 6	0 9		79.00
Full Name of Contributor					nber, if Pa	AC	
Glenna Cameron							
Street Address	Employer/Occup	oation/Labor Organization*		and the second second second		Form (Cash, Check, etc.)	
702 Paddlewheel Drive						Check	
City	State	Zip Code	M	D	Y	Amount	****
Westerville	$O \mid H$	43082	1110	1 6	0 9		110.00
Full Name of Contributor					nber, if Pa	AC	
Beverly Koenig							
Street Address	Employer/Occup	oation/Labor Organization*	_2		***	Form (Cash, Ch	ieck, etc.)
8190 Havens Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	OH	43004	1 0	1 6	0 9		200.00
Full Name of Contributor			Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,	CONTRACTOR OF THE PARTY OF THE	iber, if Pa	AC	200.00
Lisa Westall							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
241 E Maple St						Check	
City	State	Zip Code	M	D	Y	Amount	
Granville	$I \cap I H$	43023	1 0	1 6			85.00
Full Name of Contributor		1 1000		to Confidence with the confidence	A CONTRACTOR OF THE PARTY OF TH	AC	00.00
Full Name of Contributor Registration Number, if PAC  Kelly Wholehan							
Street Address	Employer/Occur	ation/Labor Organization*	_			Form (Cash, Ch	eck. etc.)
191 Timbers Drive	' ' '	Ü				Check	,,
City	State	Zip Code	Тм	D	Y	Amount	
Gahanna	ОН	43230			0 9	ŝ	60.00
Full Name of Contributor		TOANOU			ber, if PA		00.00
Emily Winship					,		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck etc.)
6602 Hilmar Drive		and a same of a				Check	con, ctc.)
City	State	Zip Code	М	D	Y	Amount	
Westerville	OH	43082		1 .	1 . 1	Amount	EE 00
Full Name of Contributor		J <del>1</del> 3062	1 0	1 6	0 9 ber, if P	C	55.00
Karen Saunders			LCE12013	icioni ivulli.	10C1, 11 PF	10	
Street Address	Employer/Occur	ation/Labor Organization*	_	s in consequence		Form (Cach Ch	ack atc
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
278 Apache Circle	State Zip Code M D Y			Check Amount			
•	1		M	D	1.	AHOUIII	100.00
Westerville	O   H	43081	1 0	1 6	0 9		100.00

\* 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 S	\$ 768.00