

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Kimberly DeMooy					Registration Number, if PAC		
Street Address 5818 Jersey Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1	D 0	Y 1 6 0 9	Amount 79.00	
Full Name of Contributor Joyce Lee					Registration Number, if PAC		
Street Address 676 Cherrington Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 1 6 0 9	Amount 79.00	
Full Name of Contributor Glenna Cameron					Registration Number, if PAC		
Street Address 702 Paddlewheel Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 1 6 0 9	Amount 110.00	
Full Name of Contributor Beverly Koenig					Registration Number, if PAC		
Street Address 8190 Havens Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1	D 0	Y 1 6 0 9	Amount 200.00	
Full Name of Contributor Lisa Westall					Registration Number, if PAC		
Street Address 241 E Maple St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville	State O H	Zip Code 43023	M 1	D 0	Y 1 6 0 9	Amount 85.00	
Full Name of Contributor Kelly Wholehan					Registration Number, if PAC		
Street Address 191 Timbers Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 1 6 0 9	Amount 60.00	
Full Name of Contributor Emily Winship					Registration Number, if PAC		
Street Address 6602 Hilmar Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 1 6 0 9	Amount 55.00	
Full Name of Contributor Karen Saunders					Registration Number, if PAC		
Street Address 278 Apache Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 1 6 0 9	Amount 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 \$ 768.00