

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Michael Carr						Registration Number, if PAC			
Street Address 7328 Upper Clarenton Dr., S.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City New Albany,	State O H	Zip Code 43054	M 0	D 9	Y 2	Y 1	Y 1	Y 1	Amount 50.00
Full Name of Contributor Janet Fedorenko						Registration Number, if PAC			
Street Address 609 Grist Run Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville,	State O H	Zip Code 43082	M 0	D 9	Y 2	Y 1	Y 0	Y 1	Amount 50.00
Full Name of Contributor Kristan Robertson						Registration Number, if PAC			
Street Address 5559 Genoa Farms Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville,	State O H	Zip Code 43082	M 0	D 9	Y 2	Y 1	Y 0	Y 1	Amount 25.00
Full Name of Contributor Lisa Kuhar						Registration Number, if PAC			
Street Address 339 Rita Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Gahanna,	State O H	Zip Code 43230	M 0	D 9	Y 2	Y 1	Y 0	Y 1	Amount 100.00
Full Name of Contributor Andrew Heck						Registration Number, if PAC			
Street Address 5651 Red Bend Ln.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus,	State O H	Zip Code 43230	M 0	D 9	Y 1	Y 1	Y 9	Y 1	Amount 50.00
Full Name of Contributor Greg Lewis						Registration Number, if PAC			
Street Address 385 Beecher Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Gahanna,	State O H	Zip Code 43230	M 0	D 9	Y 1	Y 1	D 8	Y 1	Amount 25.00
Full Name of Contributor Deborah Meissner						Registration Number, if PAC			
Street Address 5685 Medallion Dr. West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville,	State O H	Zip Code 43082	M 0	D 9	Y 1	Y 1	D 8	Y 1	Amount 100.00
Full Name of Contributor J. Daniel Good						Registration Number, if PAC			
Street Address 551 Riverbend Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Powell,	State O H	Zip Code 43065	M 0	D 9	Y 1	Y 1	D 7	Y 1	Amount 500.00

* 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)]