

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community, Our Schools												
Full Name of Contributor Lynne Maslowski						Registration Number, if PAC						
Street Address 2717 Alder Vista Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43231		M 0 4		D 2 3		Y 0 9		Amount 25.00
Full Name of Contributor Marcy Ey						Registration Number, if PAC						
Street Address 7672 Danbrudge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43082		M 0 4		D 2 2		Y 0 9		Amount 25.00
Full Name of Contributor Mary Joy Rose						Registration Number, if PAC						
Street Address 2945 Berry Lane Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43231		M 0 4		D 0 1		Y 0 9		Amount 100.00
Full Name of Contributor Kendall & Cheryl Harris						Registration Number, if PAC						
Street Address 1232 Canterhurst Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Blacklick		State O H		Zip Code 43004		M 0 4		D 0 8		Y 0 9		Amount 50.00
Full Name of Contributor Eric & Susan Busch						Registration Number, if PAC						
Street Address 481 Havendale Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43082		M 0 4		D 2 2		Y 0 9		Amount 75.00
Full Name of Contributor Kurt Yancey						Registration Number, if PAC						
Street Address 3448 Katie Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43221		M 0 4		D 2 4		Y 0 9		Amount 100.00
Full Name of Contributor Mary Campbell Staebler						Registration Number, if PAC						
Street Address 6959 Stillwater Cove			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43082		M 0 4		D 2 3		Y 0 9		Amount 25.00
Full Name of Contributor Bob & Shaney Lynde						Registration Number, if PAC						
Street Address 2961 Columbus Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Centerburg		State O H		Zip Code 43011		M 0 4		D 2 0		Y 0 9		Amount 40.00

* 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 \$ 440.00