Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Our Community Our Schools			
Full Name of Contributor		Registration Number, if Pa	AC .
Ann Engelhart			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
586 Grist Run Rd.			Credit Card
City	State Zip Code	M D Y	Amount
Westerville,	O H 43082	0 9 2 6 1 1	50.00
Full Name of Contributor		Registration Number, if Pa	\C
Beth Simpson			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
111 Central Ave.			Credit Card
City	State Zip Code	M D Y	Amount
Westerville,	O H 43081	0:9 2:6 1 1	
Full Name of Contributor		Registration Number, if Pa	/C
Clyde Henry			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
10605 Mantle			Credit Card
City	State Zip Code	M D Y	Amount
Orient,	O H 43146	0 9 2 6 1 1	200.00
Full Name of Contributor		Registration Number, if P/	√ C
Debbie Corey			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2360 Rufus Court			Credit Card
City	State Zip Code	M D Y	Amount
Lewis Center,	O H 43035	0 9 2 6 1 1	100.00
Full Name of Contributor		Registration Number, if PA	\C
Dr. Scott & Shiela Ebrecht Street Address	To 1, 10 of the Oct 1, 1		Francisco (Carlo Charles and)
	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
392 Inglewood Dr.	C 77 C. 1		Credit Card
1 '	State Zip Code O H 43081	M D Y	Amount 100.00
Westerville, Full Name of Contributor	O H 43081	0 9 2 6 1 1 Registration Number, if PA	100.00
		Registration Number, it PA	10
Jim Meta Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization		Credit Card
1494 Summersweet Cir.	State Zip Code	M D Y	Amount
Lewis Center,	O H 43035	0 9 2 6 1 1	
Full Name of Contributor	0 , 11 43033	Registration Number, if P	1C 00.00
Catherine Reesman		rtogistimon riamber, it r	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
P.O. Box 614	in project occupanto a gammano.		Credit Card
City	State Zip Code	M D Y	Amount
Worthington,	O H 43085	0 9 2 5 1 1	50.00
Full Name of Contributor	18005	Registration Number, if Pa	
Robert Gibson			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
299 Ashford Dr.			Credit Card
City	State Zip Code	M D Y	Amount
Westerville,	O H 43082	0 9 2 5 1 1	150.00
	and general recombly good dates. If contributer is salf-on		

* 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 \$ 810.00