

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Our Community Our Schools | | | | | | | |
| Full Name of Contributor Ann Engelhart | | | | | Registration Number, if PAC | | |
| Street Address 586 Grist Run Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Westerville, | State O H | Zip Code 43082 | M 0 9 | D 2 6 | Y 1 1 | Amount 50.00 | |
| Full Name of Contributor Beth Simpson | | | | | Registration Number, if PAC | | |
| Street Address 111 Central Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Westerville, | State O H | Zip Code 43081 | M 0 9 | D 2 6 | Y 1 1 | Amount 80.00 | |
| Full Name of Contributor Clyde Henry | | | | | Registration Number, if PAC | | |
| Street Address 10605 Mantle | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Orient, | State O H | Zip Code 43146 | M 0 9 | D 2 6 | Y 1 1 | Amount 200.00 | |
| Full Name of Contributor Debbie Corey | | | | | Registration Number, if PAC | | |
| Street Address 2360 Rufus Court | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Lewis Center, | State O H | Zip Code 43035 | M 0 9 | D 2 6 | Y 1 1 | Amount 100.00 | |
| Full Name of Contributor Dr. Scott & Shiela Ebrecht | | | | | Registration Number, if PAC | | |
| Street Address 392 Inglewood Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Westerville, | State O H | Zip Code 43081 | M 0 9 | D 2 6 | Y 1 1 | Amount 100.00 | |
| Full Name of Contributor Jim Meta | | | | | Registration Number, if PAC | | |
| Street Address 1494 Summersweet Cir. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Lewis Center, | State O H | Zip Code 43035 | M 0 9 | D 2 6 | Y 1 1 | Amount 80.00 | |
| Full Name of Contributor Catherine Reesman | | | | | Registration Number, if PAC | | |
| Street Address P.O. Box 614 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Worthington, | State O H | Zip Code 43085 | M 0 9 | D 2 5 | Y 1 1 | Amount 50.00 | |
| Full Name of Contributor Robert Gibson | | | | | Registration Number, if PAC | | |
| Street Address 299 Ashford Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Westerville, | State O H | Zip Code 43082 | M 0 9 | D 2 5 | Y 1 1 | Amount 150.00 | |

* 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)]