

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                               |                       |                                         |               |               |                                          |                         |  |
|---------------------------------------------------------------|-----------------------|-----------------------------------------|---------------|---------------|------------------------------------------|-------------------------|--|
| Name of Committee in Full<br><b>Our Community Our Schools</b> |                       |                                         |               |               |                                          |                         |  |
| Full Name of Contributor<br><b>David Christie</b>             |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>1165 Lockwood Rd</b>                     |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Columbus</b>                                       | State<br><b>o   h</b> | Zip Code<br><b>43227</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>52.00</b>  |  |
| Full Name of Contributor<br><b>David Walker</b>               |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>573 Peach Street</b>                     |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>o   h</b> | Zip Code<br><b>43082</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Lewis Sarr</b>                 |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>658 Grant St</b>                         |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Mount Gilead</b>                                   | State<br><b>o   h</b> | Zip Code<br><b>43338</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>80.00</b>  |  |
| Full Name of Contributor<br><b>Ann Morahan</b>                |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>1032 Blue Sail Dr</b>                    |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>o   h</b> | Zip Code<br><b>43081</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>80.00</b>  |  |
| Full Name of Contributor<br><b>Sue Ann Holdren</b>            |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>1115 Melinda Drive</b>                   |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>o   h</b> | Zip Code<br><b>43081</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>65.00</b>  |  |
| Full Name of Contributor<br><b>Cynthia Baker</b>              |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>8409 Cliffthorne</b>                     |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Columbus</b>                                       | State<br><b>o   h</b> | Zip Code<br><b>43235</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>25.00</b>  |  |
| Full Name of Contributor<br><b>Alisa Franklin</b>             |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>645 Lazelle Rd</b>                       |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                    | State<br><b>o   h</b> | Zip Code<br><b>43081</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>40.00</b>  |  |
| Full Name of Contributor<br><b>Margaret Wallace</b>           |                       |                                         |               |               | Registration Number, if PAC              |                         |  |
| Street Address<br><b>7492 Alpath Rd</b>                       |                       | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>                                     | State<br><b>o   h</b> | Zip Code<br><b>43054</b>                | M<br><b>0</b> | D<br><b>9</b> | Y<br><b>2</b>                            | Amount<br><b>100.00</b> |  |

\* 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)]