

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Kristine Smith						Registration Number, if PAC			
Street Address 790 Yankee Trace Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Centerville		State O H		Zip Code 45458		M 0 9		D 2 5	
						Y 0 9		Amount 40.00	
Full Name of Contributor Sandra Stratmann						Registration Number, if PAC			
Street Address 8198 Chateau Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 5	
						Y 0 9		Amount 50.00	
Full Name of Contributor Kevin Thuman						Registration Number, if PAC			
Street Address 673 Grist Run Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43082		M 0 9		D 2 5	
						Y 0 9		Amount 25.00	
Full Name of Contributor Scott Paynter						Registration Number, if PAC			
Street Address 4978 White Cloud Ct				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 5	
						Y 0 9		Amount 80.00	
Full Name of Contributor Lewis Sarr						Registration Number, if PAC			
Street Address 658 Grant St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Mount Gilead		State O H		Zip Code 43338		M 0 9		D 2 5	
						Y 0 9		Amount 77.00	
Full Name of Contributor Annmarie Shoemaker						Registration Number, if PAC			
Street Address 1550 Sapphire Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 5	
						Y 0 9		Amount 58.00	
Full Name of Contributor Patrick Acocks						Registration Number, if PAC			
Street Address 4062 Berrybush Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna		State o h		Zip Code 43230		M 0 9		D 2 5	
						Y 0 9		Amount 40.00	
Full Name of Contributor Patricia Coleman						Registration Number, if PAC			
Street Address 1290 Winfree Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43081		M 0 9		D 2 5	
						Y 0 9		Amount 50.00	

* 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 \$ 420.00