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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools				***************************************			
Full Name of Contributor			Registrat	ion Num	ber, if PA	iC.	
Kristine Smith							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
790 Yankee Trace Dr				municossos com male		Check	
City	State	Zip Code	М	D	Y	Amount	
Centerville	O H	45458	0 9	2 5	0 9		40.00
Full Name of Contributor			Registra	tion Num	ber, if PA	'C	
Sandra Stratmann				yaansa aanaa aanaa aa	NO.		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
8198 Chateu Lane						Check	
City	1	Zip Code	М	D	1 1	Amount	
Westerville	0 H	43082	0 9	2 5	0 9		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Kevin Thuman							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
673 Grist Run Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43082	0 9	2 5	0 9		25.00
Full Name of Contributor			Registra	Reconstruction of the Company of the	ber, if P	AC	
Scott Paynter						***************************************	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4978 White Cloud Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	OH	43081	0 9	2 5	0 9		80.00
Full Name of Contributor			Registra	Service production distribution begins to	ber, if Pa	АC	
Lewis Sarr							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Che	eck, etc.)	
658 Grant St						Check	
City	State	Zip Code	М	D	Y	Amount	
Mount Gilead	OH	43338	0 9	2 5	0 9		77.00
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Annmarie Shoemaker							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1550 Sapphire Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Grove City	OH	43123	0 9	2 5	0 9		58.00
Full Name of Contributor			Registra	ition Nun	nber, if P	AC	
Patrick Acocks							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
4062 Berrybush Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	o h	43230	0 9	2 5	0 9		40.00
Full Name of Contributor			NAMES OF TAXABLE PARTY.		nber, if P		
Patricia Coleman							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1290 Winfree Drive				Check			
City	State	Zip Code	M	D	Y	Amount	
Westerville	$O \mid H$	43081	0 9	2 5	0 9		50.00
A A COPET A TITLE		ndidates If contributor is sel	anno anni kao anni anni anni anni anni	nedanometrical extended the control of the control	and the annual contract of the second	the name of the	

* 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 S		420.00
