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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					TO CONTRACT OF THE PARTY OF THE					
Our Community Our Schools					and the second					
Full Name of Contributor			2000	Regist	ratio	n Num	ber, if Pa	AC		
Julie Myers										
Street Address	Employer/O	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
325 Abbotsbury Dr					water-			Check	1900aanaan	
City	State	- 1	Zip Code	M	T	D	Y	Amount		
Westerville	0 1	H	43082			2 5			45.00	
Full Name of Contributor				Regist	ratio	n Num	ber, if Pa	AC		
Denice Koslow					ione and a					
Street Address	Employer/O	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
6900 Big Walnut Road					Check					
City	State		Zip Code	M		D	Y	Amount	مس	
Galena		H	43021	0		2 5			50.00	
Full Name of Contributor				Regist	tratio	n Num	ber, if P.	AC	300 Santa Com	
Nancy Palumbo					olektronione					
Street Address	Employer/O	ccupa	tion/Labor Organization*					Form (Cash, Check, etc.)		
394 Olde Mill Dr				angree and the				Check		
City	State	i	Zip Code	M		D	Y	Amount	400.00	
Westerville		H	43082	0	na ang ang ang ang	2 5	NAMES OF TAXABLE PARTY.	A STATE OF THE PARTY OF THE PAR	100.00	
Full Name of Contributor				Regis	tratio	on Nun	iber, if P	AC		
C. S. Rapenport	C. S. Rapenport									
Street Address	Employer/O	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
6611 Rosedale Ave				·	Check					
City	State		Zip Code	M		D	Y	Amount		
Reynoldsburg		H	43068				0 9		75.00	
Full Name of Contributor				Regis	tratio	on Nun	nber, if P	AC		
Jeffrey Holmes					Self free fills					
Street Address	Employer/O	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
111 Whisperwood Ct								Check		
City	State		Zip Code	M		D -	Y	Amount	42 00	
Westerville	0	H	43081	0			0 9		45.00	
Full Name of Contributor				Regis	tratio	on Nun	nber, if P	AC		
Timothy Lawrence								1		
Street Address	Employer/O	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
5452 Grand Oak Blvd			WALLES TO THE TOTAL THE TO				T	Check	<u>,,</u>	
City	State		Zip Code	M		D D	Y	Amount	40.00	
Galena		H	43021				0 9		40.00	
Full Name of Contributor				Regis	trati	on Nur	nber, if P	AC		
Jancy McClellan							<u>Ougainamanan mind</u>	(D/2 · -	Sanala ara	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
1666 Ashland Ave				Check						
City	State		Zip Code	M		D	Y	Amount	70.00	
Columbus	0	h	43212	0		$2 \mid 5$			70.00	
Full Name of Contributor Registration Number, if PAC										
John McCoy					manin			1 n /2 1 2	Y1	
Street Address	Employer/C	Employer/Occupation/Labor Organization*			1	Form (Cash, Check, etc.)				
589 Willow Court				Check						
City	State		Zip Code	M		D	Y	Amount	ma aa	
Westerville		H	43081	0	ozenskom (in	MATERIAL PROPERTY.	0 9	and the same and the same on the same where the same	70.00	
assigned for contributions from individuals over \$100 to sta	taxuida and general accemb	du car	adidatee If contributor is self-	emplove	d th	ie occu	nation an	a the name of the	e	

* 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	\$ 495.00