

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools									
Full Name of Contributor Julie Myers						Registration Number, if PAC			
Street Address 325 Abbotsbury Dr				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 45.00	
Full Name of Contributor Denice Koslow						Registration Number, if PAC			
Street Address 6900 Big Walnut Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Galena		State O H		Zip Code 43021		M 0 9		D 2 5	
						Y 0 9		Amount 50.00	
Full Name of Contributor Nancy Palumbo						Registration Number, if PAC			
Street Address 394 Olde Mill Dr				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 100.00	
Full Name of Contributor C. S. Rapenport						Registration Number, if PAC			
Street Address 6611 Rosedale Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H		Zip Code 43068		M 0 9		D 2 5	
						Y 0 9		Amount 75.00	
Full Name of Contributor Jeffrey Holmes						Registration Number, if PAC			
Street Address 111 Whisperwood 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 45.00	
Full Name of Contributor Timothy Lawrence						Registration Number, if PAC			
Street Address 5452 Grand Oak Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Galena		State O H		Zip Code 43021		M 0 9		D 2 5	
						Y 0 9		Amount 40.00	
Full Name of Contributor Jancy McClellan						Registration Number, if PAC			
Street Address 1666 Ashland Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State o h		Zip Code 43212		M 0 9		D 2 5	
						Y 0 9		Amount 70.00	
Full Name of Contributor John McCoy						Registration Number, if PAC			
Street Address 589 Willow Court				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 70.00	

* 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 \$ 495.00