

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Katherine Mantenieks					Registration Number, if PAC		
Street Address 1229 Smiley Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 0 9	D 2 7	Y 1 1	Amount 70.00	
Full Name of Contributor Susan Chioran					Registration Number, if PAC		
Street Address 5433 Stillwater Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43082	M 0 9	D 2 9	Y 1 1	Amount 200.00	
Full Name of Contributor Kristina Roggenkamp					Registration Number, if PAC		
Street Address 601 Ejeffrey Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State o h	Zip Code 43214	M 0 9	D 2 9	Y 1 1	Amount 50.00	
Full Name of Contributor Glenda Payton					Registration Number, if PAC		
Street Address 1159 Forest Rise Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 1 0	D 0 3	Y 1 1	Amount 33.00	
Full Name of Contributor Linda Mitten					Registration Number, if PAC		
Street Address 259 Caro Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State o h	Zip Code 43230	M 0 9	D 3 0	Y 1 1	Amount 80.00	
Full Name of Contributor Adam Asbeck					Registration Number, if PAC		
Street Address 403 Forestwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43230	M 0 9	D 3 0	Y 1 1	Amount 25.00	
Full Name of Contributor Donald Mundy					Registration Number, if PAC		
Street Address 77 University St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State o h	Zip Code 43081	M 0 9	D 3 0	Y 1 1	Amount 20.00	
Full Name of Contributor Lisa Grunewald					Registration Number, if PAC		
Street Address 10496 Gorsuch Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galena	State o h	Zip Code 43021	M 0 9	D 3 0	Y 1 1	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)]