Page	17
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					One occurrence of the Salata		
Our Community Our Schools							
Full Name of Contributor			Registr	ation Nun	oher if P	A.C.	
Pamela Hayes			registr	ation ivan	1001, 11 1 1	AC	
Street Address	Employer/Occ	nation/Labor Organization*		en comment de la comment		Form (Cash, Che	ack atc.)
207 Granby Place W	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	ΙΥ	Check Amount	######################################
Westerville	OH	i -		1 6	1	Amount	50.00
Full Name of Contributor		10001		ation Nun		AC	00.00
Amy Farris Hamrick							
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Che	eck, etc.)
4837 Twig Ct						Check	,
City	State	Zip Code	M	D	Y	Amount	Hannyana
Gahanna	O H	43230	1 0	1 6	0 9	Anna Anna Anna Anna Anna Anna Anna Anna	70.00
Full Name of Contributor			TOTAL CONTRACTOR OF THE PARTY O	ation Nun	THE RESIDENCE OF THE PARTY OF T	AC	
Bridget Cargin							
Street Address	Employer/Occu	pation/Labor Organization*	······································	er ordere serve and hence processed	enerodo el de 200 fictiones	Form (Cash, Che	eck, etc.)
5449 Lake Shore Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43082	1 0	1 6	0 9		53.00
Full Name of Contributor			The state of the s	ation Nun	Charles and the second	AC	
Jill Crawford							
Street Address	Employer/Occu	pation/Labor Organization*			**************************************	Form (Cash, Che	eck, etc.)
27 Logan Avenue					Check		
City	State	Zip Code	M	D	Y	Amount	***************************************
Westerville	O H	43081	1 0	1 6	0 9		65.00
Full Name of Contributor			Registra	ation Nun	iber, if Pa	AC	
Susan Bailey							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
325 Woodsview Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	O H	43110	arrena en la composición de la composición del composición de la c	1 6	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		50.00
Full Name of Contributor			Registra	ation Num	ber, if Pa	AC	
Elizabeth Bedinghaus							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2680 Whirlwind Cove Ct			***************************************		,	Check	
City	State	Zip Code	М	D		Amount	
Hilliard	O H	43026		1 6			40.00
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
Michael Huler				***************************************			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
605 Berkeley Place South		17: A	1 32	T =		Check	NITTO
City	State H	Zip Code	M	D	Y	Amount	90.00
Westerville Full Name of Contributor	<u> </u>	43081		16 ation Num		.	80.00
			Registra	muri num	ioci, ii PA	10	
Diana Glaus Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						eck etc)	
	Linployer/Occu	pation baoor Organization.				Check	.o.c., c.c.,
412 Lilyfield Lane _{City}	State	Zip Code	M	D	Y	Amount	,
Galloway	OH	43119	1	1 6	1 1		41.00
<u> Пано</u> way		1 40117	III	$T T \upharpoonright O$	」ひ」フ		T1,UU

* 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 \$	449.00