

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Our Community Our Schools</b>									
Full Name of Contributor <b>Fred Tombaugh</b>						Registration Number, if PAC			
Street Address <b>1159 Lori Lane</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Westerville</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>7</b>	<b>50.00</b>	
Full Name of Contributor <b>Steve Windle</b>						Registration Number, if PAC			
Street Address <b>700 Hadley Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43228</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>8</b>	<b>0</b>	
Full Name of Contributor <b>Chris Doolittle</b>						Registration Number, if PAC			
Street Address <b>232 East Shrock Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>8</b>	<b>77.00</b>	
Full Name of Contributor <b>Robin Zimmerman</b>						Registration Number, if PAC			
Street Address <b>896 Helenhurst Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>8</b>	<b>50.00</b>	
Full Name of Contributor <b>Lisa Siegesmund</b>						Registration Number, if PAC			
Street Address <b>670 Kienle Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>9</b>	<b>40.00</b>	
Full Name of Contributor <b>No Name</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit Card</b>		
City	State	H	Zip Code	M	D	Y	Amount		
				<b>0</b>	<b>9</b>	<b>2</b>	<b>8</b>	<b>40.00</b>	
Full Name of Contributor <b>Tammy Waterstreet</b>						Registration Number, if PAC			
Street Address <b>63 Timber Oak Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>o</b>	H <b>h</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>9</b>	<b>75.00</b>	
Full Name of Contributor <b>Sara McCrea Smith</b>						Registration Number, if PAC			
Street Address <b>5675 Genoa Farms Blvd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>0</b>	<b>75.00</b>	

\* 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 \$ 907.00