

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Amy Frankenburg					Registration Number, if PAC		
Street Address 6697 Springview Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43082	M 1 0	D 0 9	Y 0 9	Amount 50.00
Full Name of Contributor Jeff Sadler					Registration Number, if PAC		
Street Address 8086 Parsons Pass			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State O H	Zip Code 43054	M 1 0	D 0 9	Y 0 9	Amount 10.00
Full Name of Contributor Ryan Borland					Registration Number, if PAC		
Street Address 3939 Sunbury Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galena		State O H	Zip Code 43021	M 1 0	D 0 9	Y 0 9	Amount 75.00
Full Name of Contributor Philip Louden					Registration Number, if PAC		
Street Address 7105 Hilmar Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43082	M 1 0	D 0 9	Y 0 9	Amount 50.00
Full Name of Contributor Marsha Siefker					Registration Number, if PAC		
Street Address 761 Woodbend Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43082	M 1 0	D 0 9	Y 0 9	Amount 20.00
Full Name of Contributor Danielle Whitehead					Registration Number, if PAC		
Street Address 1177 Three Forks Drive N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43081	M 1 0	D 0 9	Y 0 9	Amount 50.00
Full Name of Contributor Miriam Holmes					Registration Number, if PAC		
Street Address 364 Inglewood Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O h	Zip Code 43081	M 1 0	D 0 9	Y 0 9	Amount 25.00
Full Name of Contributor Stephan Smalley					Registration Number, if PAC		
Street Address 5180 Wolf Run Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State O H	Zip Code 43230	M 1 0	D 0 9	Y 0 9	Amount 100.00

* 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)]