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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	·								
Name of Committee in Full									
Our Community Our Schools					egangana namaragana				
Full Name of Contributor			Registra	ation Nun	nber, if P	AC			
Stiffel Nicolaus				en e por como e por como e como	ionologica (page)				
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, e	tc.)		
501 N Broadway		3		-y		Check			
City	State	Zip Code	М	D	Y	Amount			
St Louis	M O	63102	$1 \mid 1$	no Consequente constituciona NON	CHARLEST CONTRACTOR		0.00		
Full Name of Contributor			Registra	ation Nun	iber, if P	AC			
Legacy Commercial Flooring					·				
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, et	tc.)		
3445 Millenium Ct			***************************************		,	Check			
City	State	Zip Code	M	D	Y	Amount	-		
Columbus Full Name of Contributor	$O \mid H$	43219	1 1	1 2	Vada suureerineerin en e		0.00		
			Registra	ition Nun	iber, if P.	AC			
Telecommunications Technologies	75				NATION AND ADDRESS OF THE PARTY		ese establishment de la company de la co		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
PO Box 2460			***************************************	· · · · · · · · · · · · · · · · · · ·		Check			
	State	Zip Code	М	D	Y	Amount			
Westerville Full Name of Contributor	$O \mid H$	43086	1 1	1 2	0 9	NAME OF THE OWNER OWNER.	0.00		
			Registra	tion Num	iber, if P.	AC			
Max & Erma's Street Address	Te 1 //								
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, et	tc.)		
PO Box 297830 City	State	17: 6.1		T	r	Check			
·	State H	Zip Code	M	D	Y	Amount	 00		
Columbus Full Name of Contributor	IO H	43229	1 2	10			5.80		
Mark Twain PTA			Registra	tion Num	iber, if Pa	AC			
Street Address	Temployer/Occur	ation/Labor Organization*	<u> </u>	91 6 79000000000000000000000000000000000000					
799 E Walnut St	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, et	ic.)		
City	State	Zip Code	M	T 75	1 37	Check			
Westerville	OH	43081	1	D	Y	Amount	- 00		
Full Name of Contributor		43001	1 2	SCORDE COMMITTO AND STREET	AM STATISTICS OF THE SAME		5.00		
Full Name of Contributor Registration Number, if PAC									
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, et	to \		
- W. A. G.	Zimpioyen/occup	ation/Labor Organization				i omi (Casii, Check, ei)		
City	State	Zip Code	M	D	Y	Amount			
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Full Name of Contributor			Registra	tion Num	her if P	\C			
a di Adino di Considunti					Registration Number, if PAC				
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, et	tc.)		
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City	State	Zip Code	M	D	Y	Amount			
	11000								
Full Name of Contributor Registration Number, if PAC									
Acquation Pathot, it 1120									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, et	ic.)		
						(· · · · · · · · · · · · · · · · · · ·	·′		
City	State	Zip Code	М	D	Y	Amount			
	1	1		L					

Page Total \$ 2,010.80

^{*} 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)]