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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			iprovince conductive in the last of the la	anianananananananananan			
Our Community Our Schools							
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Dwight Black							
Street Address	Employer/Occur	pation/Labor Organization*	_			Form (Cash, Chec	ck, etc.)
16272 Sycamore Rd	,,					Check	
City	State	Zip Code	M	D	Y	Amount	
Mt Vernon	OH	43050		l .	1		80.00
Full Name of Contributor		1 10000			ber, if P	AC	00:00
Anne Bates					·		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
167 Granby Place West	Employer/Occupation Labor Organization				Check		
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	1	0 9	1		75.00
Full Name of Contributor		1 40001			ber, if Pa	AC	70.00
Nyesha Clayton					,		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Chec	ck, etc.)
6937 Britwell Lane						Check	, - · · · · /
City	State	Zip Code	l M	D	Y	Amount	
Reynoldsburg	OH	43068		0 9	1		25.00
Full Name of Contributor		1 40000			aber, if Pa	AC	20.00
Kendall Harris					,		
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ched	ck. etc.)
	Zimproyen seem	,				Check	,,
1232 Canterhurst St	State	Zip Code	ТМ	D	Y	Amount	
Blacklick	OH	43004	1	0 9	1		70.00
Full Name of Contributor		1 3000	STATE OF THE PARTY	CONTRACTOR OF THE PROPERTY OF	nber, if P	AC	70.00
			Trogisti.				
Ellen McKee Street Address	Employer/Occur	pation/Labor Organization*			//////////////////////////////////////	Form (Cash, Che	ck_etc.)
	Employer/Occup	pations Dabot Organization				Check	ck, cic.,
6571 Masefield St	State	Zip Code	M	D	Y	Amount	
	OH	43085	1	1	0 9	ii ii	20.00
Worthington Full Name of Contributor		1 40000	CONTRACTOR OF THE PARTY OF THE	SAD VIII SAD SAD SAN	nber, if P.	TE TO A PERSONAL DE CONTRATA DE CONTRA	40.00
			Registre	2011 1 1423	11001, 11 1 1		
Kellie Sheely Street Address	[Employer/Occur	pation/Labor Organization*				Form (Cash, Che	ck etc )
	Employer/Occup	pation/Labor Organization				Check	cx, cic.)
538 Brideford Drive	State	Zip Code	M	D	Y	Amount	nini indirection de la companya de l
	1	43081	1	1	0 9	R .	43.00
Westerville	O   H	] 43U01	encontention was transcored	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	nber, if P.	A STATE OF THE PARTY OF THE PAR	40.00
Full Name of Contributor			incgistit	auvii INUli	II F.		
Venessa Williams	Employer/Occur	nation/Labor Organization*				Form (Cash Cha	ck etc )
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
5333 Bressler Drive	Ctoto	Zip Code	M	D	Y	Amount	
City	State	į	1	1	I .		40.00
Hilliard		43026			09 nber, if P		40.00
Full Name of Contributor			Kegistra	ation Nur	noci, II P	AC	
Kathy Bechtol	JE. 10				e annual de la production de	Form (Cook Che	olc ato
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2804 Pointewood Loop		Ta: a :	1 3.5	1 5	1 0	Check	
City	State	Zip Code	M	D	Y	Amount	<b>"</b> 0 00
Galena	0 H	43021	$11 \mid 0$	10/9	0 9		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)]

Page T	otal \$	403.00