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I ago	Acres Serve

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Our Community Our Schools						
Full Name of Contributor			Registration Number, if PAC			
Debra Stoner						
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Ch	eck, etc.)
400 W Orange Road					Check	
City	State	Zip Code	M D	Y	Amount	**************************************
Delaware	OH	43015	1 0 2	3 0 9		30.00
Full Name of Contributor		10.000	Registration N		AC	00.00
Michelle Mason						
Street Address	Employer/Occur	pation/Labor Organization*		(Contraction of the Contraction	Form (Cash, Ch	eck. etc.)
1347 Hideaway Woods Dr, Apt D		·			Check	,,
City	State	Zip Code	M D	ΙΥ	Amount	***************************************
Westerville	OH	43081	1 . 1 .	3 0 9		50.00
Full Name of Contributor		1 20001	Registration N		A.C.	30.00
Gena Moore			itogionamon it	amoer, m		
Street Address	Employer/Occur	pation/Labor Organization*			Form (Cash, Ch	ank ata)
	Employer/Geeup	pation Labor Organization			Form (Cash, Check, etc.)	
7515 Eagle Trace Drive	State	Zip Code	M D	Y	Check Amount	
Westerville		1 -			Amount	20.00
Full Name of Contributor	IO H	43082	1 0 2	3 0 9		20.00
			Registration N	umber, ii P	AC	
Joseph Carr Street Address	Ir/0	ting the second				Marie Control of the
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		eck, etc.)
1336 Ridgeview Road		15: 6 ·			Check	···
City	State	Zip Code	M D	Y	Amount	
Upper Arlington Full Name of Contributor	O H	43221	1 0 2	and the second second second section in the second	THE CASE OF THE PROPERTY OF TH	40.00
			Registration N	umber, if P.	AC	
Debra Pellington						
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Ch	eck, etc.)
192 Ravine Ridge Rd S					Check	
City	State	Zip Code	M D	Y	Amount	
Powell	<u> </u>	43065	1 0 2	escential escapeant and in a second and	A CONTRACTOR OF THE PROPERTY O	30.00
Full Name of Contributor			Registration N	umber, if P.	AC	
Amy Levine				**************************************	ONTO THE PROPERTY OF THE PROPE	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
181 Monroe Lane					Check	
City	State	Zip Code	M D	Y	Amount	
Westerville	OH	43081	1 0 2	3 0 9		82.00
Full Name of Contributor			Registration N			
Kimberly Cody			***************************************			
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Ch	eck, etc.)
6309 Interlachen Ave					Check	
City	State	Zip Code	M D	Y	Amount	***************************************
Westerville	OH	43082	1 0 2	3 0 9		4.00
Full Name of Contributor	ennes la recolle de comi in come de colores come de sente entre el color de con en-		Registration N	umber, if P.	AC	terior de conference al la facilità de continue de la faction de la faction de la faction de la faction de la f
Linda Davis			and the second			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1110 Blue Heron Drive			Check			
City	State	Zip Code	M D	Y	Amount	
Westerville	OH	43082	1 0 2	3 0 9		25.00
					Assessment of the second	

Page Total \$	281.00
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^{*} 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)]