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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						ne va euroeur gleiche dage
Our Community Our Schools Full Name of Contributor						Nisoonia makana
			Registration Nun	iber, if P.	AC	
Amy Prostlewait						
Street Address	Employer/Occuj	pation/Labor Organization*			Form (Cash, Check, e	etc.)
5515 Grand Oak Blvd					Check	
City	State	Zip Code	M D	Y	Amount	<i>(</i> ************************************
Galena	O H	43021	1 0 2 5	0 9	1	0.00
Full Name of Contributor			Registration Nun			***************************************
Kimberly Shawyer						
Street Address	Employer/Occur	oation/Labor Organization*			Form (Cash, Check, e	etc.)
5787 Clear Stream Way		Ů			Check	
City	State	Zip Code	M D	Y	Amount	
Westerville	OH	1 -				<b>"</b> 00
Full Name of Contributor		43081	1 0 2 5	0 9		5.00
			Registration Nur	iber, if Pa	AC	
Amy McCoy				was the same of	7 m 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SSSC 172 Herana anno pri
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, e	tc.)
7641 Covington Springs Ct					Check	
City	State	Zip Code	M D	Y	Amount	***************************************
Westerville	O H	43082	1 0 2 5	0 9	5	8.00
Full Name of Contributor			Registration Num	STREET, SOURCE STREET	Contract of the Contract of th	SCHOOL SALES
Kimberly Perrone						
Street Address	Employer/Occup	pation/Labor Organization*		Spille State a medical response	Form (Cash, Check, e	tc.)
1045 Barrington Ct	, , , , , , , , , , , , , , , , , , , ,			Check	,	
City	State	Zip Code	M D	Y	Amount	
Westerville	$O \mid H$	43082	1 0 2 5			00.00
Full Name of Contributor		J 43002	Registration Num	PARCASSI SIKSHI NOOSSO KI UYA H		0.00
Kathleen Anclien			Registration Num	DC1, 11 F		
Street Address	TE1/0					Ballocomo a securito
	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, e	tc.)
9097 Oakwood Pt City		·			Check	
·	State	Zip Code	M D		Amount	
Westerville	I O I H	43082	1 0 2 5	0 9	5	0.00
Full Name of Contributor			Registration Num	ber, if PA	AC	
Amy Lawrence						
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, et	tc.)
5452 Grand Oak Blvd					Check	
City	State	Zip Code	M D	Y	Amount	************
Galena	OH	43021	1 0 2 5	n   9	1	0.00
Full Name of Contributor			Registration Num			
Kimberly Cody						
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, et	tc \
6309 Interlachen Ave	and to your over	www.bacor organization				)
City	State	Zip Code	M D	- 37	Check	
•				. 1	Amount	0.00
Westerville	OH	43082	1 0 2 5	0 9		0.00
Full Name of Contributor			Registration Num	per, if PA	AC .	
James Brady						
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, et	ic.)
2231 Barnet Ct					Check	
City	State	Zip Code	M D	Y	Amount	
Lewis Center	O H	43035	1 0 2 5	0 9	7	5.00

\* 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 Total \$	288.00