

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools							
Full Name of Contributor Zuhila Schirg					Registration Number, if PAC		
Street Address 672 Timberlake Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 35.00	
Full Name of Contributor Linda Amici					Registration Number, if PAC		
Street Address 808 Coss Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 1 6	Y 0 9	Amount 41.00	
Full Name of Contributor Cherie Stevenson					Registration Number, if PAC		
Street Address 900 Greenbridge Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 6	Y 0 9	Amount 54.00	
Full Name of Contributor Mark Stevens					Registration Number, if PAC		
Street Address 8724 Filiz Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 1 6	Y 0 9	Amount 85.00	
Full Name of Contributor Jennifer Gentil					Registration Number, if PAC		
Street Address 7590 Rolling Ridge Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 15.00	
Full Name of Contributor Patricia Pierpoint					Registration Number, if PAC		
Street Address 1155 Sea Shell Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 80.00	
Full Name of Contributor Nancy Stonebraker					Registration Number, if PAC		
Street Address 6735 Inverness St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 1 6	Y 0 9	Amount 70.00	
Full Name of Contributor Angelique Maneff					Registration Number, if PAC		
Street Address 3906 Village Club Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 1 6	Y 0 9	Amount 42.00	

* 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 \$ 422.00