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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Our Community Our Schools							
Full Name of Contributor			D:-			16	
Zuhila Schirg			Registr	ation ivun	nber, if P.	AC	
Street Address	Employer/Occur	pation/Labor Organization*		ON PROCESSION OF THE PROPERTY OF		G 1 6:	
	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
672 Timberlake Drive				***************************************		Check	-
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	$1 \mid 0$	Market State of the State of th	anika Manulapagy ayang ayan		35.00
Full Name of Contributor			Registra	ation Nun	nber, if P.	AC	
Linda Amici							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
808 Coss Circle				***		Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	<u> </u>	43081	1 0	16	0 9		41.00
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
Cherie Stevenson							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
900 Greenbridge Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43235	10	1 6	0 9		54.00
Full Name of Contributor					ber, if Pa	AC	
Mark Stevens							
Street Address	Employer/Occup	oation/Labor Organization*	***************************************	on which was the second district the second di		Form (Cash, Che	ck, etc.)
8724 Filiz Lane						Check	
City	State	Zip Code	М	D	Y	Amount	
Powell	$O \mid H$	43065	1 0	1 6	0 9		85.00
Full Name of Contributor			CONTRACTOR	Only many appropriate property of the party of	ber, if Pa	AC	00,00
Jennifer Gentil							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
7590 Rolling Ridge Way						Check	
City	State	Zip Code	М	D	Y	Amount	······································
Westerville	OH	43082	1 0	1 6	1 1		15.00
Full Name of Contributor			and the same of th	and the second second second	<u>On management of the second o</u>	AC	3.0.00
Full Name of Contributor Registration Number, if PAC Patricia Pierpoint							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck. etc.)
1155 Sea Shell Drive	' ' '	· ·				Check	,,
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43082	110	116	0 9	8	80.00
Full Name of Contributor		10002			ber, if P		00.00
Nancy Stonebraker					,		
Street Address	Employer/Occup	pation/Labor Organization*	_1			Form (Cash, Che	ck. etc.)
6735 Inverness St	1,,					Check	J., 000.)
City	State	Zip Code	М	D	ΙΥ	Amount	
Westerville	OH	43082	1 0	I .	1	, mount	70.00
Full Name of Contributor		1 40002	NAMES OF TAXABLE PROPERTY OF TAXABLE PARTY OF TAXABLE PAR	1 6	ber, if PA	A.C.	70.00
Angelique Maneff			Rogistia	vii i tull	, 11 [/		
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Che	ok ato)
	Limployer/Occup	anon Lavor Organization"				ı	cn, etc.)
3906 Village Club Drive	State	Zip Code	1 3.4	T 70	Y	Check Amount	
·		1	M	D	I . I	Amount	40.00
Powell	O H	43065	1 0	1 6	0 9		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