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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			Pagietro	tion Nur	ber, if P	A C	
			Registra	uon nun	1001, 11 F2	AC .	
Michelle Feige Street Address	Employar/Occ	upation/Labor Organization*				Form (Cash, Che	ck etc.)
	Employer/Occ	upation/Labor Organization					ck, cic.)
60 W Lincoln St	State	Zip Code	I м	D	Y	Check Amount	IIII waa dada isaa ahaa ahaa ahaa ahaa ahaa ahaa aha
City	State H	1 -	1 .	Į.	0 9	Amount	50.00
Columbus Full Name of Contributor		43215	0 9	2 5	ber, if P	A.C.	30.00
			Registra	ition ivan	1001, 11 1 2	ac.	
Cora Jones Street Address	Employer/Occ	upation/Labor Organization*		nelleside de la contraction de	nices de la versión de la company de la comp	Form (Cash, Che	ck etc.)
	Employer/Occ	upation/Labor Organization				Check	ck, cic.)
1349 Spring Brook Ct	Cuta	7: Code	М	l D	Y	Amount	***************************************
City	State	Zip Code	1 .	I .			00.00
Westerville	<u> </u>	43081	0 9	CONTRACTOR OF THE PARTY OF THE			90.00
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Kimberly Niles				NAMES AND ADDRESS OF THE OWNER, WHEN THE OWNER,			
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Che	ck, etc.)
2611 Clarion Ct				1		Check	***************************************
City	State	Zip Code	М	D	Y	Amount	40.00
Columbus		43220	COMMUNICATION OF A SHOULD BE A	2 5	STREET, STREET		40.00
Full Name of Contributor			Registra	ition Nun	nber, if Pa	AC	
Valerie Thompson							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
119 Keethler Drive S						Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	O H	43081	0 9	2 5	0 9		40.00
Full Name of Contributor			Registra	ition Nun	nber, if P.	AC	
Adham Schrig					0.0000000000000000000000000000000000000		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
269 Cliffview Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O H	43230	0 9	2 5	0 9		40.00
Full Name of Contributor			Registra	ation Nun	nber, if P.	AC	
Melinda Butler							
Street Address	Employer/Occ	supation/Labor Organization*				Form (Cash, Che	eck, etc.)
6733 Brookstone Drive	İ					Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43082	0 9	2 5	0 9		10.00
Full Name of Contributor					nber, if P		
Jodi Russel			200				
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	ck, etc.)
5679 Innisbrook Court						Check	
City	State	Zip Code	M	D	Y	Amount	ALLIANOS POR CONTRACTOR POR CONTRACT
Westerville	o h	43082	0 9	2 5	0 9		50.00
Full Name of Contributor					nber, if P		
Iulie Swartzel							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2137 Bentwood Circle, Apt 2D				Check			
City	State	Zip Code	М	D	Y	Amount	
Columbus	OLL	1 -	0 9	i .	1	E .	50.00
Commons		- TOAUU	1012	1412	1012		55.55

* 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	\$ 370.00