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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Court Community Our Schools	No. 10 Company in Fig. 11			·		Section of the sectio		
Fig. Name of Contributor Registration Number, if PAC	Name of Committee in Full							
Store Address								
Storet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Registra	ation Nun	nber, if P.	AC	
State Zep Code No. D. V. Amount State Zep Code N			***************************************					ANNO DE LA CONTRACTION DEL CONTRACTION DE LA CON
State Zip Code M	a	Employer/Occup	oation/Labor Organization*				9	eck, etc.)
Columbus						-	Check	
Same Countributer		ı	1 -	i	i	1	Amount	
Samuel Liebfreund Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check Che	E-manufacture of the contract	O H	43221	1 0	2 5	0 9		85.00
State	Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
T750 Busey Road	Samuel Liebfreund							
State	Street Address	Employer/Occup	oation/Labor Organization*	- Distriction of the Control of the	***************************************	a para da	Form (Cash, Ch	eck, etc.)
State	7750 Busev Road						Check	
Form (Cash, Check, etc.) Form (Cash, Check, etc.) Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y		***************************************
Full Name of Contributor Valerie El-Hodiri	Canal Winchester	$O \mid H$	43110	1110	2 5	na		40.00
Valerie El-Hodiri	Full Name of Contributor		IOIIO	Maria de la companya	CONTRACTOR OF THE PARTY OF THE	OWNERS OF THE PROPERTY OF THE	A.C.	20.00
Employer/Occupation/Labor Organization*	Valerie Fl-Hodiri					,		
Check	<u> </u>	Employer/Occur	nation/Labor Organization*	i		OUTURNO ALVANZANTA	Form (Cash Ch	ack etc.)
State		Employer occup	ations Dator Organization		#			cck, cic.)
Hilliard	8	State	17:n Codo	1 14	T 5	T 37		***************************************
Registration State Annount A			_ ·				Amount	20.00
Street Address			43026	CONTRACTOR OF THE PARTY OF THE		and the second second		30.00
Employer/Occupation/Labor Organization*	<u>a</u>			Registra	ation Num	iber, if Pa	AC	
State State Check								
State Cap Code M D Y Amount Cap Registration Number, if PAC Check Cap Ca		Employer/Occup	oation/Labor Organization*					eck, etc.)
Cahanna							Check	
Full Name of Contributor Karen McCurdy		1	1 ·		1		Amount	
Street Address		O H	43230	10	2 5	0 9		84.00
Street Address Employer/Occupation/Labor Organization*	Full Name of Contributor			Registra	tion Num	ber, if Pa	AC	
Table Tabl	Karen McCurdy							
State Zip Code M D Y Amount	Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
State Zip Code M D Y Amount	7363 Sandy Spurrey Ct						Check	
Full Name of Contributor Libby Schlagbaum	City	State	Zip Code	M	D	Y		
Full Name of Contributor Libby Schlagbaum Street Address 1467 Boxwood Drive City Columbus Full Name of Contributor Jason Rowsey Street Address 214 Bellefield Ave City State City State Jap Code Name of Contributor Jason Rowsey Street Address 214 Bellefield Ave City State City State Jap Code Registration Number, if PAC Form (Cash, Check, etc.) Registration Number, if PAC Form (Cash, Check, etc.) Check Check City State City Sta	Westerville	$O \mid H$	43082	1110	215	0/9		50.00
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Libby Schlagbaum							
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1467 Boywood Drive	' ' '	Ü					,
Columbus	8	State	Zin Code	Тм	П	Ιv	The same of the sa	DWARFOOT ON
Full Name of Contributor Jason Rowsey Street Address 214 Bellefield Ave City Westerville O H 43081 Full Name of Contributor Mark Stevens Street Address Employer/Occupation/Labor Organization* Full Name of Contributor Mark Stevens Street Address Street Addr	· ·	1	1 7		3	3 1	8	E0 00
Street Address Employer/Occupation/Labor Organization* 214 Bellefield Ave City State Zip Code M D Y Amount Westerville O H 43081 1 0 2 5 0 9 65.00 Full Name of Contributor Mark Stevens Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Registration Number, if PAC Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount			1 4.0 halas 9					30.00
Street Address 214 Bellefield Ave State Zip Code M D Y Amount Westerville O H 43081 1 0 2 5 0 9 65.00 Full Name of Contributor Mark Stevens Street Address Street Address 301 Olde Mill Drive Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount				Kegistia	uon rum	idei, ii F2	10	
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Westerville O H 43081 1 0 2 5 0 9 65.00 Full Name of Contributor Mark Stevens Street Address 301 Olde Mill Drive City State Zip Code M D Y Amount					·			***************************************
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Mark Stevens Street Address Employer/Occupation/Labor Organization* 301 Olde Mill Drive Check City State Zip Code M D Y Amount		$[O \mid H]$	<u> 43081</u>	anno de la compansión de				65.00
Street Address	Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
301 Olde Mill Drive Check City State Zip Code M D Y Amount								
City State Zip Code M D Y Amount	Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
City State Zip Code M D Y Amount	301 Olde Mill Drive						Check	
	City	State	Zip Code	M	D	Y		
	Westerville	OH	43082	110	2 5	0 9		100.00

* 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	\$ 504.00