

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Our Community Our Schools</b>							
Full Name of Contributor <b>Stiffel Nicolaus</b>					Registration Number, if PAC		
Street Address <b>501 N Broadway</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>St Louis</b>	State <b>M</b>   <b>O</b>	Zip Code <b>63102</b>	M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Legacy Commercial Flooring</b>					Registration Number, if PAC		
Street Address <b>3445 Millenium Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43219</b>	M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Telecommunications Technologies</b>					Registration Number, if PAC		
Street Address <b>PO Box 2460</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43086</b>	M <b>1</b>	D <b>1</b>	Y <b>2</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Max &amp; Erma's</b>					Registration Number, if PAC		
Street Address <b>PO Box 297830</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43229</b>	M <b>1</b>	D <b>2</b>	Y <b>1</b>	Amount <b>635.80</b>	
Full Name of Contributor <b>Mark Twain PTA</b>					Registration Number, if PAC		
Street Address <b>799 E Walnut St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>2</b>	Y <b>1</b>	Amount <b>25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]