

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community, Our Schools									
Full Name of Contributor Metical Mutual of Ohio						Registration Number, if PAC			
Street Address 2060 East Ninth Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cleveland		State O H		Zip Code 44115		M D Y 0 4 2 9 0 9		Amount 1,500.00	
Full Name of Contributor Huntington National Bank						Registration Number, if PAC			
Street Address P.O. Box 1558			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43219		M D Y 0 5 0 6 0 9		Amount 1,000.00	
Full Name of Contributor MT Business Technologies						Registration Number, if PAC			
Street Address P.O. Box 37			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Mansfield		State O H		Zip Code 44901		M D Y 0 4 2 9 0 9		Amount 1,500.00	
Full Name of Contributor Energy Education, Inc						Registration Number, if PAC			
Street Address P.O. Box 780			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Wichita Falls		State T X		Zip Code 76307		M D Y 0 4 1 0 0 9		Amount 600.00	
Full Name of Contributor Stifel Nicolaus						Registration Number, if PAC			
Street Address 501 N. Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City St. Louis		State M O		Zip Code 63102		M D Y 0 5 0 4 0 9		Amount 1,000.00	
Full Name of Contributor Westerville Central Athletic Booster Club						Registration Number, if PAC			
Street Address 7118 Mount Royal Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43082		M D Y 0 4 2 4 0 9		Amount 2,000.00	
Full Name of Contributor Westerville South Athletic Boosters						Registration Number, if PAC			
Street Address 303 S. Otterbein Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M D Y 0 5 0 7 0 9		Amount 500.00	
Full Name of Contributor Westerville Special Needs PTA						Registration Number, if PAC			
Street Address 975 East Wind Drive, Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M D Y 0 4 0 3 0 9		Amount 200.00	

* 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 \$ 8,300.00