Page	3
rage	9

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Our Community, Our Schools						
Full Name of Contributor			Registration Numbe	r, it PAC		
Metical Mutual of Ohio						
Street Address	Employer/Occupat	ion/Labor Organization*			Form (Cash, Che	ck, etc.)
2060 East Ninth Street		•			check	-
City	State	Zip Code	M D	Y	Amount	
Cleveland	OH	44115	0 4 2 9	0 9		1,500.00
Full Name of Contributor			Registration Number			,
Huntington National Bank						
Street Address	Employer/Occupat	ion/Labor Organization×			Form (Cash, Che	ck, etc.)
P.O. Box 1558					check	
City	State	Zip Code	M D	Y	Amount	
Columbus	OH	43219	0 5 0 6	0 9		1,000.00
Full Name of Contributor			Registration Numbe	of more working and a construction of		
MT Business Technologies						
Street Address	Employer/Occupat	ion/Labor Organization×			Form (Cash, Che	ck, etc.)
P.O. Box 37					check	
City	State	Zip Code	M D	Y	Amount	
Mansfield	OH	44901	0 4 2 9			1,500.00
Full Name of Contributor			Registration Numb	er, if PAC	Oliver of the Control	
Energy Education, Inc						
Street Address	Employer/Occupat	tion/Labor Organization*			Form (Cash, Ch	eck, etc.)
P.O. Box 780					check	
City	State	Zip Code	M D	Y	Amount	
Wichita Falls	TX	76307	0 4 1 0	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED I		600.00
Full Name of Contributor			Registration Numb	er, if PAC	-	
Stifel Nicolaus				november of the second		
Street Address	Employer/Occupat	tion/Labor Organization×			Form (Cash, Ch	eck, etc.)
501 N. Broadway				1	check	
City	State	Zip Code	M D	Y	Amount	1 000 00
St. Louis	MO	63102		0 9		1,000.00
Full Name of Contributor Registration Number, if PAC						
Westerville Central Athletic Booster C		 			Ir za va	-1-1-
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Ch	eck, etc.)
7118 Mount Royal Avenue		le: c i	1.01 1.51	T 157	check	
City	State	Zip Code	M D	Y	Amount	2 000 00
Westerville	OH	43082	0 4 2 4	10/9		2,000.00
Full Name of Contributor Registration Number, if PAC						
Westerville South Athletic Boosters Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employer/Uccupa	monimador Argamzanon			E .	GUK, BRU.J
303 S. Otterbein Avenue	C1-1-	Zip Code	M D	Y	check	
City	State H	43081	1 1 1 1	1 1	1	500.00
Westerville	0 H	1 40001	0 5 0 7		L	500.00
Full Name of Contributor Registration Number, if PAC						
Westerville Special Needs PTA	Employed Dagger	ntion/Labor Organization*		tt fatt fat der dem terressen	Form (Cash, Ch	eck etc)
Street Address	Entholescoccaba	monrador organization			check	our, oraș
975 East Wind Drive, Suite 200	Ct-t-	Zip Code	M D	V	Amount	
City	State			$\begin{bmatrix} 1 \\ 0 \end{bmatrix}$	1	200.00
Westerville	O H	43081	0 4 0 3	109	l .	∠UU.UU

* 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