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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					Characters on decision as a		
Name of Committee in Full							
Our Community Our Schools Full Name of Contributor			elen generalisation				
			Registr	ation Nun	nber, if P.	AC	
Medical Mutual of Ohio	75						
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, C	Sheck, etc.)
2060 East Ninth St				· · · · · · · · · · · · · · · · · · ·	~	Check	
City	State	Zip Code	M	D	Y	Amount	
Cleveland	O H	44115	CONTROL OF THE PARTY OF THE PAR	Shipping was produced to the second	0 9	Contract to the contract of th	1,500.00
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC	
Safe Zone IPM Consultation Services				250000 Temporal Services			
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, C	Theck, etc.)
177 Serran Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O H	43230	1 1	0 3	0 9		25.00
Full Name of Contributor			Registra	ation Nun	nber, if P	AC	
Westerville South Music Boosters							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	Check, etc.)
PO Box 641						Check	
City	State	Zip Code	М	D	Y	Amount	***************************************
Westerville	O H	43086	111	0 3	0 9		1,100.00
Full Name of Contributor			Registra	and the supplemental statements	nber, if Pa	Santana and the santana and th	
Westerville South Athletic Boosters							
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, C	heck, etc.)
300 S Otterbein Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Westerville	OH	43081	1 1	0 3	0 9		500.00
Full Name of Contributor				Market Market Company	nber, if Pa	AC	00000
Joseph James & Assoc							
Street Address	Employer/Occi	ipation/Labor Organization*		maryanyan mida salah magan in		Form (Cash, C	Check, etc.)
5880 Sawmill Rd, Ste 150						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	1	111	0 3	0 9		1,000.00
Full Name of Contributor				SOCIETY OF THE PARTY OF THE PAR	iber, if Pa	AC	1,000.00
Huntington National Bank							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
PO Box 1558			Check				
City	State	Zip Code	ТМ	D	Y	Amount	
Columbus	ОН		1	1	0 9	86	1,000.00
Full Name of Contributor		TOLLI					1,000.00
Full Name of Contributor Registration Number, if PAC  Tristar Transportation							
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, C	'heck_etc.)
PO Box 186			Check				
City	State	Zip Code	M	D	Y	Amount	
•	OH	43085	1	0 3	i i	Imount	1,000.00
Worthington Full Name of Contributor		1 43000	1 1			\ C	1,000.00
Speer Industries  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)							
Street Address	Employer/Occi	ipation/Labor Organization*					HECK, CIC.)
600 Oakland Park Ave	Curr	Tz:- Codo	1 37	F	1 37	Check	
City	State	Zip Code	M	D	Y	Amount	E00.00
Columbus	OH	43214	111	12	0 9		500.00

Page Total \$ 6,625.00	Page Total \$	6,625.00
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<sup>\*</sup> 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)]