

# 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>Medical Mutual of Ohio</b>						Registration Number, if PAC						
Street Address <b>2060 East Ninth St</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Cleveland</b>		State <b>O   H</b>		Zip Code <b>44115</b>		M <b>1   0</b>		D <b>2   7</b>		Y <b>0   9</b>		Amount <b>1,500.00</b>
Full Name of Contributor <b>Safe Zone IPM Consultation Services</b>						Registration Number, if PAC						
Street Address <b>177 Serran Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Gahanna</b>		State <b>O   H</b>		Zip Code <b>43230</b>		M <b>1   1</b>		D <b>0   3</b>		Y <b>0   9</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Westerville South Music Boosters</b>						Registration Number, if PAC						
Street Address <b>PO Box 641</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Westerville</b>		State <b>O   H</b>		Zip Code <b>43086</b>		M <b>1   1</b>		D <b>0   3</b>		Y <b>0   9</b>		Amount <b>1,100.00</b>
Full Name of Contributor <b>Westerville South Athletic Boosters</b>						Registration Number, if PAC						
Street Address <b>300 S Otterbein Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Westerville</b>		State <b>O   H</b>		Zip Code <b>43081</b>		M <b>1   1</b>		D <b>0   3</b>		Y <b>0   9</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Joseph James &amp; Assoc</b>						Registration Number, if PAC						
Street Address <b>5880 Sawmill Rd, Ste 150</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Dublin</b>		State <b>O   H</b>		Zip Code <b>43017</b>		M <b>1   1</b>		D <b>0   3</b>		Y <b>0   9</b>		Amount <b>1,000.00</b>
Full Name of Contributor <b>Huntington National Bank</b>						Registration Number, if PAC						
Street Address <b>PO Box 1558</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43219</b>		M <b>1   1</b>		D <b>0   3</b>		Y <b>0   9</b>		Amount <b>1,000.00</b>
Full Name of Contributor <b>Tristar Transportation</b>						Registration Number, if PAC						
Street Address <b>PO Box 186</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Worthington</b>		State <b>O   H</b>		Zip Code <b>43085</b>		M <b>1   1</b>		D <b>0   3</b>		Y <b>0   9</b>		Amount <b>1,000.00</b>
Full Name of Contributor <b>Speer Industries</b>						Registration Number, if PAC						
Street Address <b>600 Oakland Park Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43214</b>		M <b>1   1</b>		D <b>1   2</b>		Y <b>0   9</b>		Amount <b>500.00</b>

\* 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 \$ 6,625.00