

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Will Schuck							
Full Name of Contributor Fred Deskins						Registration Number, if PAC	
Street Address 6625 Schenk Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg			State OH	Zip Code 43068	M 09	D 19	Y 11
						Amount 100.00	
Full Name of Contributor William J. Schuck						Registration Number, if PAC	
Street Address 1322 Lancaster Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Reynoldsburg			State OH	Zip Code 43068	M 10	D 07	Y 11
						Amount 500.00	
Full Name of Contributor Fundraiser Donations						Registration Number, if PAC	
Street Address 1322 Lancaster Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Reynoldsburg			State OH	Zip Code 43068	M 10	D 08	Y 11
						Amount 10.00	
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	
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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **610.00**