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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		000000000000000000000000000000000000000		******************************				
Name of Committee in Full	A St. St. Street . Street . S.	7~~ 18 <i>1</i> /	A % Y					
COMMITTEE TO RE-ELECT BUCK	AND EA	KMA	NE			10-	2	
Full Name of Contributor				Registra	tion Numl	oer, if PAG	Ü	
Connie Graham								
Street Address	Employer/0	Occupa	tion/Labor Organization*				Form (Cash, Chec	k, etc.)
3666 Colonial Drive							check	
City	State		Zip Code	М	D		Amount	
Hilliard	0	H	43026	1 0	The second secon	0 9		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Clarence and Jane Cunningham								
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Chec	ck, etc.)
3480 Scito Run Blvd.							check	
City	State	e	Zip Code	М	D	Y	Amount	
Hilliard	0	Н	43026	1 0	0 2	0 9		50.00
Full Name of Contributor		200000000000000000000000000000000000000		CONTRACTOR OF THE PROPERTY OF	ATTACAMA SALES TO THE SALES TOT	ber, if PA	C	
Tom and Kathy Lindsey				1000				
Street Address	Employer/	Occupa	tion/Labor Organization*			**************************************	Form (Cash, Che	ck, etc.)
4740 Strayer Drive	' ' ' '	•	-				check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Hilliard		H	43026	1 0	0 2	0 9		50.00
Fill Name of Contributor						ber, if PA	C	
Lyle Nageotte Street Address	Employer/	Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)
							check	·
4813 Canterwood Court City	Stat	re	Zip Code	M	D	Y	Amount	
City Hilliard		H	43026	1 0	1 .			50.00
Fill Name of Contributor						ber, if PA	.C	~ O, O O
				2.09.00		,		
Timothy and Kathleen Oyster	Employer	/Occure	ation/Labor Organization*			43 (2000 Company)	Form (Cash, Che	ck, etc.)
Street Address	Employer/Occupation/Labor Organization*			check				
4630 Coolbrook Drive	C1	to	Zip Code	М	l D	Y	Amount	
City	Stat	te H	1		1	1	8	50.00
Hilliard		I. L	43026			ber, if PA	Secretaria de la composición del composición de la composición de	JU.UU
Full Name of Contributor				registi	acion INIII	1001, 11 I'F		
Roger and Phyllis Reynolds	- In 1	/0-	-ti/ oh on Onciti*			STATE OF THE PARTY	Form (Cash, Che	ok etc)
Street Address	Employer	/Occup	ation/Labor Organization*				l ·	, o.o. <i>)</i>
3870 Stonesthrow Court W.			Z:- C-4-	X.4	l n	Y	check Amount	
City	Sta		Zip Code	M	D	1	R .	50.00
Hilliard	0	II.	43026			0 9		JUJU
Full Name of Contributor				Kegistr	anon Nur	nber, if PA	1 C	
David and Sarah Tiefenthaler							E (C1C'	-14-
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	еск, етс.)		
3838 River Crossing Drive					7 =	1	check	
City	Sta		Zip Code	М	D	Y	Amount	ma aa
Hilliard		H	43026	11				50.00
Full Name of Contributor				Registi	ation Nur	nber, if Pa	AC	
John and Barbara Ulen						and the second s		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2704 Swansea Road							check	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	0	H	43221	1 ($0 \mid 0 \mid 2$	0 9		200.00
			11 70 11 1 10	1 1 1				

P	age	Total	\$ 550.00

^{*} 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)]