

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO RE-ELECT BUCK AND EARMAN</b>							
Full Name of Contributor <b>Connie Graham</b>						Registration Number, if PAC	
Street Address <b>3666 Colonial Drive</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Clarence and Jane Cunningham</b>						Registration Number, if PAC	
Street Address <b>3480 Scito Run Blvd.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Tom and Kathy Lindsey</b>						Registration Number, if PAC	
Street Address <b>4740 Strayer Drive</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Lyle Nageotte</b>						Registration Number, if PAC	
Street Address <b>4813 Canterwood Court</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Timothy and Kathleen Oyster</b>						Registration Number, if PAC	
Street Address <b>4630 Coolbrook Drive</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Roger and Phyllis Reynolds</b>						Registration Number, if PAC	
Street Address <b>3870 Stonestrow Court W.</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>David and Sarah Tiefenthaler</b>						Registration Number, if PAC	
Street Address <b>3838 River Crossing Drive</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>John and Barbara Ulen</b>						Registration Number, if PAC	
Street Address <b>2704 Swansea Road</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1   0</b>	D <b>0   2</b>	Y <b>0   9</b>	Amount <b>200.00</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 \$ 550.00