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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

				///			
Name of Committee in Full	N. V & 2.20 And V and V a.	A 76 T					
COMMITTEE TO RE-ELECT BUCI	K AND EARM	AN				~	
Full Name of Contributor			Registrat	tion Num	ber, if PA	C	
Thomas Calhoon II				Contraction in the second		GANGOLOGIA AND AND GUIDELFOR AND FRANCISCO	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
3535 Fishinger Blvd.			E/480-100000000000000000000000000000000000			check	······································
City	State	Zip Code	M	D	Y	Amount	
Hilliard	0   H	43026	0 9	1 1	0 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Gary and Sophronia Dever							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
3989 Walker Road						check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	0 9	1   1	0 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Gus Flichia			No.				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
P. O. Box 360507	•					check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43236	0 9	1 1	0 9		100.00
Full Name of Contributor					ber, if PA	C	
Don Gebhart							
Street Address	Employer/Occur	nation/Labor Organization*		opportunite for the first first		Form (Cash, Cl	neck, etc.)
4360 Shire Creek Court	ampio, in a resp					check	
City	State	Zip Code	М	D	Y	Amount	
	O   H	43026	0 9	1 .	1 .		100.00
Hilliard Full Name of Contributor		10020			ber, if PA	C	100.00
			Trogistro		,		
Edwin and Joann Hensley	Employor/Occur	pation/Labor Organization*				Form (Cash, Cl	heck etc.)
Street Address	Employer/Occup	ation/Labor Organization				check	noon, oto.)
4174 Golden Seal Way	Chata	Zip Code	М	D	Y	Amount	
City	State	1		1 .	1 .	Amount	25.00
Hilliard	ОП	43026	0 9	and the second s	0 9	C	20.00
Full Name of Contributor Registration Number, if PAC							
Joseph and Wilma Holbrook						Form (Cash, C	1 1 4 - \
Street Address	Employer/Occup	pation/Labor Organization*					neck, etc.)
5644 Villa Gates Drive					1	check	
City	State	Zip Code	M	D	Y	Amount	or 00
Hilliard	OH	43026			0 9		25.00
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC .	
Vera Humes							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, C	heck, etc.)
4927 Berry Leaf Place						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	0 H	43026	0 9	11	0 9		15.00
Full Name of Contributor			Registr	ation Nun	nber, if PA	VC	
William and Mary Irwin				000007777722N	***************************************		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3900 Darbysgire Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OH	43026	0 9	1 1	0 9		50.00
3				****	1 1	C .1	

Page Total	\$ 515.00

<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)]