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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N				ojniko opini zarapytopio			
Name of Committee in Full	NITS IT A TON	// A INT					
COMMITTEE TO RE-ELECT BUCK A	INDEAKN	IAIN	D	NT 1	ar irna	C	
Full Name of Contributor			Registrat	ion iyuml	ver, if PA	C	
John and Diane Ripley				moonaneen Villenin		Com (Cool City	ole oto
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
4824 Canterwood Court			<u> </u>		- <del>.</del>	check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Hilliard	0   H	43026	0 9	2 2	0 9	<u></u>	50.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
Andrew and Phyllis Teater							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
3837 Dayspring Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	0   H	43296	0 9	2 2	0 9		50.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	C	
Gerald and Judy Edwards							
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
1680 Andover Road						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43212	0 9	2 5	0 9		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
J. Steven and Nancy Gabriel							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1787 Stemwood Drive						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OLH		019	2   5	0 9		25.00
Full Name of Contributor					ber, if PA	С	
Brian and Heather Keck			-				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
3400 Heritage Oaks Drive	1 * 3,550					check	
City	State	Zip Code	М	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·
Hilliard	OLE		0 9	2 5	0 9		50.00
Full Name of Contributor		3, C 7 C dom C 7		NAME OF TAXABLE PARTY.	Withous and the second	The state of the s	
H. R. McDermitt Street Address	Employer/Occ	upation/Labor Organization*	<u>B</u>			Form (Cash, Ch	eck, etc.)
	2					check	
8430 Patterson Road	State	Zip Code	М	D	Y	Amount	
City	OLE	1 "	3	i .	0 9	B .	50.00
Hilliard		~   TOULU			nber, if PA		VV.00
Full Name of Contributor			100,000				
David and Lisa Whiting	Employer/Occ	unation/Labor Organization*		272300000000000000000000000000000000000		Form (Cash, Ch	eck_etc \
Street Address	Employer/Occupation/Labor Organization*			check			
801 Thorncrest Court	G4.4.	Zip Code	М	D	Y	Amount	
City	State	1 -		1 .			100.00
Galloway	1 0   1	± 43119	0 9				100.00
Full Name of Contributor Registration Number, if PAC							
Deborah Ashenhurst							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3677 Colonial Drive				check			
City	State	Zip Code	M	D	Y	Amount	E0 00
Hilliard	101	d 43026	11 0	0 2	0 9	nome of the	50.00

\* 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)]

Page Total	\$ 475.00