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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

- 1						***************************************	
Name of Committee in Full	* * * * * * * * * * * * * * * * * * *	A N T					
COMMITTEE TO RE-ELECT BUC	k and earm.	AN			1 /25		
Name of Contributor Registration Number				ber, if PA	С		
Randy and Karla Jones					Name and the same of the same		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Cl	eck, etc.)
4817 Canterwood Court						check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	0 H	43026	0 9	1 6	0 9		100.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	C	
John Vertal							
Street Address	Employer/Occupation/Labor Organization*			Fопп (Cash, Check, etc.)			
5492 Brixston Court						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OIH	43026	0 9	1 6	0 9		25.00
Full Name of Contributor		10010	emerca Securitaria di Cara di	CONTRACTOR CONTRACTOR	ber, if PA	.C	
					,		
Robert and Barbara Apel	Employer/Occurs	ation/Labor Organization*			O sali salinano en sano camo e	Form (Cash, Cl	neck, etc.)
Street Address	Employer/Occup	and David Organization				check	
4633 Hayden Run Road	State	Zip Code	М	D	Y	Amount	
City		1 "		1 .	1 .	rinount	100.00
Columbus		43 2 2 1.	0 9	A CONTRACTOR OF THE PROPERTY OF	Commence of the Commence of th		100.00
Full Name of Contributor			Registra	mon Nun	iber, if PA	iC .	
Dean and Judy Colwell						n (0.1.6)	1
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
4181 Bowmansroot Court						check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	0 H	43026	0 9	1 7	0 9		25.00
Full Name of Contributor Registration Number, if PAC							
William and Patricia Schnug							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4511 Haverfield Court						check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	0   H	43026	019	1   7	0 9		200.00
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC	
Victor and Rita Ciancetta							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, C	heck, etc.)
4805 Canterwood Court		_				check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	I O I H	1 -	lala	212	0 9		100.00
Full Name of Contributor					nber, if PA		200,00
			100				
Albert and Maureen Iosue	Employor/Occur	oation/Labor Organization*				Form (Cash, C	heck etc.)
Street Address	Employer/Occupation/Dator Organization			check			
5793 Walterway Drive	Ctata	Zip Code	М	D	T Y	Amount	
City	State	1 -	i .			ı	200.00
Hilliard	0 H	43026	0 9	ecomence de la company	ankousensumismusia	and the second s	200.00
Full Name of Contributor Registration Number, if PAC							
Steven and Christine Mazer							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3362 Harbor Bay Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 H	43221	0 9	2 2	2 0 9		50.00
					1 (1	C 4	

\* 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 \$	800.00