

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF WILL SCHUCK</b>						
Full Name of Contributor <b>WILLIAM J. SCHUCK</b>				Registration Number, if PAC		
Street Address <b>1322 LANCASTER AVE</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>		
City <b>REYNOLDSBURG</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>2</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>DONNA NOECKER</b>				Registration Number, if PAC		
Street Address <b>2770 WINCHESTER-SOUTHERN RD.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>ASHVILLE</b>	State <b>OH</b>	Zip Code <b>43103</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>KEITH PRITCHARD</b>				Registration Number, if PAC		
Street Address <b>1900 WINCHESTER-SOUTHERN RD.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CANAL WINCHESTER</b>	State <b>OH</b>	Zip Code <b>43110</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>REBA MARIE SIMPSON</b>				Registration Number, if PAC		
Street Address <b>13256 SW 2ND CT</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>OCALA</b>	State <b>FL</b>	Zip Code <b>34473</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b>	Zip Code	M	D	Y	Amount

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$220.00**