

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full JIM RAUCK for TRUSTEE													
Full Name of Contributor DANIEL R. MENNINGER						Registration Number, if PAC							
Street Address 1327 DAVENTRY Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City POWELL, OH		State OH		Zip Code 43065		M 10		D 23		Y 17		Amount 300⁰⁰	
Full Name of Contributor Timothy L. Bowers						Registration Number, if PAC							
Street Address 5000 Harvest Meadow Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Hilliard		State OH		Zip Code 43026		M 10		D 23		Y 17		Amount 20⁰⁰	
Full Name of Contributor John Strawser						Registration Number, if PAC							
Street Address 5742 Ennishannon Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Dublin		State OH		Zip Code 43016		M 10		D 23		Y 17		Amount 250⁰⁰	
Full Name of Contributor Charles R. Lang						Registration Number, if PAC							
Street Address 1751 Huler Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Orient		State OH		Zip Code 43146		M 10		D 23		Y 17		Amount 2,500⁰⁰	
Full Name of Contributor John R. Jones						Registration Number, if PAC							
Street Address 350 Frank Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State OH		Zip Code 43207		M 10		D 23		Y 17		Amount 300⁰⁰	
Full Name of Contributor James D. Herlihy						Registration Number, if PAC							
Street Address 1899 W. 3rd Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check							
City Columbus		State OH		Zip Code 43212		M 10		D 23		Y 17		Amount 150⁰⁰	
Full Name of Contributor FRANK J. Herman						Registration Number, if PAC							
Street Address 3860 Broadway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Grove City		State OH		Zip Code 43123		M 11		D 18		Y 17		Amount 100⁻	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State		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)]