

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Jim Ruck 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.) ck	
City Powell		State Ohio	Zip Code 43065		M 09	D 26	Y 11
Amount 500-							
Full Name of Contributor Mark R List						Registration Number, if PAC	
Street Address 4596 Bent Creek Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Grave City		State Ohio	Zip Code 43123		M 09	D 24	Y 11
Amount 25-							
Full Name of Contributor Tammy Sochem & Michael J Chinn						Registration Number, if PAC	
Street Address 4421 Bryson Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Grave City		State Ohio	Zip Code 43123		M 09	D 26	Y 11
Amount 50-							
Full Name of Contributor Michael Adamek						Registration Number, if PAC	
Street Address 1921 Creeks Crossing Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck 3426	
City Grave City		State Ohio	Zip Code 43124		M 09	D 27	Y 11
Amount 250-							
Full Name of Contributor Lara Katin						Registration Number, if PAC	
Street Address 1909 Creeks Crossing Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck 3332	
City Grave City		State Ohio	Zip Code 43123		M 10	D 10	Y 11
Amount 250-							
Full Name of Contributor Richard Stage						Registration Number, if PAC	
Street Address 2733 Woodglen Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck 2346	
City Grave City		State Ohio	Zip Code 43123		M 10	D 10	Y 11
Amount 50-							
Full Name of Contributor James Dan Hartling						Registration Number, if PAC	
Street Address 1694 W 3rd Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck 1729	
City Col Ohio		State Oh	Zip Code 43122		M 10	D 14	Y 11
Amount 50-							
Full Name of Contributor Allyson Ruck						Registration Number, if PAC	
Street Address 1198 Carnoustie Cir			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck 2528	
City Grave City		State Oh	Zip Code 43123		M 10	D 14	Y 11
Amount 2500-							

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 \$500, the organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **3675.**