3	1-A					
R	C.	3517.10				

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
COMMITTEE TO RE-ELECT BUCK AND EARMAN					Delica Canalana SCDAC					
Full Name of Contributor					Registration Number, if PAC					
John and Nancy Bryner						D (Cd. (Cl)				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
5418 Richlane Drive						Check				
City	State	Zip Code	M	D	Y	Amount				
Hilliard	0 H	43026	1 0	1 6	0 9	50.00				
Full Name of Contributor Registration Number, if PAC										
Charles and Mary Buck										
Street Address	Employer/Occup				Form (Cash, Check, etc.)					
4814 Canterwood Court					Check					
City	State	Zip Code	М	D	Y	Amount				
Hilliard	0 H	43026	1 0	1 6	0 9	6,000.00				
Full Name of Contributor		Registration Number, if PAC								
Larry and Linda Earman										
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
4369 Shire Creek Court	1	Ů				Check				
City	State	Zip Code	М	D	Y	Amount				
	OIH	43026	1 0	1 6	0 9	4,000.00				
Hilliard Full Name of Contributor		TOULU		tion Numl						
	Trogisara			•						
David and Carolyn Reed Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)										
Street Address	Employer/Occup	atton/Labor Organization				Check				
2698 Rosebush Court		Tr: 0.1		D	Y	Amount				
City	State	Zip Code	M		1					
Hilliard		43026	1 0	december of the second	Secretaria de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición dela composición del composición dela composición dela composición dela composición dela composición dela composición dela composici	Control Contro				
Full Name of Contributor					Registration Number, if PAC					
David and Lana Ahlum										
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
8501 Patterson Road						Check				
City	State	Zip Code	M	D	Y	Amount				
Hilliard	0 H	43026	1 0	2 0	0 9	100.00				
Full Name of Contributor			Registra	tion Num	ber, if PA	.C				
David and Suzanne Knopp										
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
3522 Darbyshire Drive					Check					
City	State	Zip Code	М	D	Y	Amount				
Hilliard	0 H	43026	110	2 0	0 9	30.00				
Full Name of Contributor				ation Num						
Will and Phyllis Ernst										
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
					Check					
4643 Schirtzinger Road	State	Zip Code	M	D	Y	Amount				
City	OH	43026	1 0		1 .	250.00				
Hilliard	13040									
Full Name of Contributor Registration Number, if PAC										
Michael and Debra Stoner Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*								
4200 Dublin Road		Ta: a t	7.7	1 	1 17	Check				
City	State	Zip Code	M	D	Y	Amount				
Columbus	0 H	43221	1 0	2 7	0 9	50.00				

Page Total \$ 10,530.00

^{*} 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)]