

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF WILL SCHUCK												
Full Name of Contributor WILLIAM J. SCHUCK						Registration Number, if PAC						
Street Address 1322 LANCASTER AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH					
City REYNOLDSBURG		State OH		Zip Code 43068		M 0		D 2		Y 0613		Amount \$50.00
Full Name of Contributor DONNA NOECKER						Registration Number, if PAC						
Street Address 2770 WINCHESTER-SOUTHERN RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK					
City ASHVILLE		State OH		Zip Code 43103		M 0		D 4		Y 0813		Amount \$50.00
Full Name of Contributor KEITH PRITCHARD						Registration Number, if PAC						
Street Address 1900 WINCHESTER-SOUTHERN RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH					
City CANAL WINCHESTER		State OH		Zip Code 43110		M 0		D 4		Y 0813		Amount \$20.00
Full Name of Contributor REBA MARIE SIMPSON						Registration Number, if PAC						
Street Address 13256 SW 2ND CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK					
City OCALA		State FL		Zip Code 34473		M 0		D 4		Y 1013		Amount \$100.00
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State OH		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 OH		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 OH		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 OH		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**