Page	6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				gife eine byfyll peglig hygfyllydiol frillig e so				
Name of Committee in Full	TV ANITABADA	ANT						
COMMITTEE TO RE-ELECT BUCK AND EARMAN				Designation Number EDAC				
Il Name of Contributor				Registration Number, if PAC				
Jean Junk				severence volumes verice		F (0 1 6		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3722 East Link Circle						check		
City	State	Zip Code	М	D	Y	Amount	400.00	
Hilliard	0 H	43026	0 9	and the complete principal and a street principal	0 9		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Norman and Joan McElheny				www.comicino.com/comicini	*************************			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, C	Check, etc.)	
3825 Dayspring Drive						check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	0 H	43026	0 9	11	0 9		50.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	С		
James and Lois Rice								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, C	Check, etc.)	
3396 Braidwood Drive						check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	0 H	43026	0 9	11	0 9		50.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	С		
Hassan and Farzaneh Saadat								
Street Address	Employer/Occup	nation/Labor Organization*	Barrerra	00000000000000000000000000000000000000		Form (Cash, C	Check, etc.)	
4810 Canterwood Court							check	
City	State	Zip Code	М	D	Y	Amount		
Hilliard	0 H	43026	019	11	0 9		50.00	
Full Name of Contributor					ber, if PA	C		
Mary Lou Wood					Í			
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, (Check, etc.)	
	isinprojen ocean					check	,	
4786 Hillcrest Street, South	State	Zip Code	М	D	Υ	Amount		
Hilliard	O H	43026	0 9	1 .	1		100.00	
Full Name of Contributor		13040	THE RESERVE THE PERSON NAMED IN		ber, if PA	Contractor about promove the province contractor	100.00	
			i Consti		1001, 11 1 1 1			
Larry Earman Street Address	TEmployer/Occur	oation/Labor Organization*	<u> </u>		nganjeristika samosi) de frantsta	Form (Cash, C	Theck etc:)	
	Employen	Employer Occupation East of Organization				check		
4369 Shire Creek Court	State	Zip Code	М	D	Y	Amount		
City	O H	1 "	1	1	0 9	li .	2,000.00	
Hilliard	VIII	43040			1 U ∫ 9 aber, if PA		2,000.00	
Full Name of Contributor			Registi	anon run	ioci, ii i z			
C. F. Csetri	F 1/0			SSESSES AND AND ADDRESSES	anno anno anno anno anno anno anno anno	Form (Coch)	Thools oto)	
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4375 Shire Creek Court		In: 0 1	1 37	1 5	1 1/	check		
City	State	Zip Code	M	D	Y	Amount	F0.00	
Hilliard	_ O H	43026	0 9	anni anni anni anni anni anni anni anni	CONTRACTOR OF THE PARTY OF THE	<u></u>	50.00	
Full Name of Contributor			Kegistr	ation Nun	nber, if PA	iC .		
John and Mary Deininger			<u> </u>	ngad angerna aya yang mada shirida shiri		1		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
3661 Lagoon Lane						check		
City	State	Zip Code	М	D	Y	Amount	- P. P. W.	
Hilliard		43026	0 9	1 6	0 9		50.00	
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1 (3			C dl		

Page Total \$ 2,450.00

^{*} 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)]