Page 4
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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

DI CO West F.W								
Name of Committee in Full	ANDREADA	T A NT						
COMMITTEE TO RE-ELECT BUCK	ANDEAKIV	IMIN	Ragistrat	ion Niver	oer, if PAC	~		
Full Name of Contributor			Registrat	1011 INUITI	Jei, ii i A			
Robert Spicer	1 1 10					Form (Cash, Ch	aals ata )	
Street Address	Employer/Occup	oation/Labor Organization*				` '	eck, etc.)	
5380 Scioto Darby Road						check		
City	State	Zip Code	M	D	1 . 1	Amount	F0.00	
Hilliard	0 H	43026	0 8	0 6	0 9		50.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	C		
Douglas & Faye Owens								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4442 Shire Creek Court						check	-	
City	State	Zip Code	M	D	Y	Amount		
Hilliard	0 H	43026	0 8				50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Dale McVey and Robyn Redfern								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4198 Maystar Way					check			
City	State	Zip Code	М	D	Y	Amount		
Hilliard	OIH	43026	0 8	2   5	0 9		100.00	
Full Name of Contributor					ber, if PA	.C		
Ruth Adamonis								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)		
2461 Warm Springs Drive						check		
City	State	Zip Code	М	D	Y	Amount	***************************************	
Hilliard	OLH		0/9	11	0 9		50.00	
Full Name of Contributor				AND DESCRIPTION OF THE PARTY OF	ber, if PA			
Robert & Suzanne Alton								
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
6117 Acacia Drive		•				check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	i i	0	019	1 1	0 9		50.00	
Full Name of Contributor					nber, if PA			
Steven & Jacalyn Buck								
Street Address	Employer/Occi	upation/Labor Organization*		SECURE O COMPANION IN COMPANION		Form (Cash, C	heck, etc.)	
	Zampiojon occupanton zanos. Organization					check		
5744 Bonlay Court	State	Zip Code	М	D	Y	Amount		
City	0   L	1	0 9	I .	0 9		250.00	
Dublin		·   TUULU			nber, if PA		00,00	
Full Name of Contributor			i cegisti			~~		
Randy and Deborah Babb	E10 · ·	unation/Labor Organization*		( <u></u>		Form (Cash C	(heck etc.)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check				
4755 Shire Ridge Road, West		7:- 0-1-	1 3 4	1 70	Y	Amount		
City	State	Zip Code	M	D		l	E0 00	
Hilliard		43026	0 9		0 9	name of the	50.00	

\* 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)]

Page Total \$	600.00