

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO RE-ELECT BUCK AND EARMAN							
Full Name of Contributor Robert Spicer					Registration Number, if PAC		
Street Address 5380 Scioto Darby Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0 8	D 0 6	Y 0 9	Amount 50.00	
Full Name of Contributor Douglas & Faye Owens					Registration Number, if PAC		
Street Address 4442 Shire Creek Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0 8	D 1 3	Y 0 9	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Dale McVey and Robyn Redfern					Registration Number, if PAC		
Street Address 4198 Maystar Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0 8	D 2 5	Y 0 9	Amount 100.00	
Full Name of Contributor Ruth Adamonis					Registration Number, if PAC		
Street Address 2461 Warm Springs Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code	M 0 9	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor Robert & Suzanne Alton					Registration Number, if PAC		
Street Address 6117 Acacia Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 0	M 0 9	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor Steven & Jacalyn Buck					Registration Number, if PAC		
Street Address 5744 Bonlay Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43016	M 0 9	D 1 1	Y 0 9	Amount 250.00	
Full Name of Contributor Randy and Deborah Babb					Registration Number, if PAC		
Street Address 4755 Shire Ridge Road, West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0 9	D 1 1	Y 0 9	Amount 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