Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	-					
Hyre for Board						
Full Name of Contributor			[pariet	ration Num	har if DA	C
John M. Hyre III			Regist	anon Nun	icci, ii i A	
Street Address	Employer/Oces	mation/Labor Organizatio	m*			Form (Cash, Check, etc.)
1025 Blind Brook Drive	Employer/Occupation/Labor Organization* Attorney, Real Estate Tax Accounting, LP				Cash	
City	State	Zip Code	M M	nunig D	Y	Amount
Columbus	OH		0 8			100.00
Full Name of Contributor	10111	43233		ration Num		
an rance of Controlicor			Regist	adon Nun	ioci, ii i zi	
Street Address	Employer/Occi	pation/Labor Organization	n*	•••		Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
				1 1	lι	
Full Name of Contributor	'		Regist	ration Num	ber, if PA	.C
E						
Street Address	Employer/Occi	pation/Labor Organization	n*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
				1 1		
Full Name of Contributor		•	Regist	ration Num	ber, if PA	С
Street Address	Employer/Oceu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Regist	ration Num	ber, if PA	.C
<u> </u>						
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount
			1		<u> </u>	
Full Name of Contributor			Regist	ration Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
				_		
City	State	Zip Code	М	D	Y	Amount
			1			
Full Name of Contributor			Regist	ration Num	iber, if PA	vC
					- · · · · ·	
Street Address	Employer/Occu	pation/Labor Organizatio	on*			Form (Cash, Check, etc.)
		1				
City	State	Zip Code	M	D	Y	Amount
			<u> </u>		100	<u></u>
Full Name of Contributor			Regist	ration Num	iber, if PA	AC .
					In (0.10)	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
Cir.		2: 6 1	1	1 5	T 37	ļ
City	State	Zip Code	M	D	Y	Amount
	1 !	I				I

Page Total \$	100.00

^{*} 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)]