

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 Committee to Elect Donald Schonhardt						Registration Number, if PAC			
Street Address 5307 Franklin St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Benjamin Hooff						Registration Number, if PAC			
Street Address 1861 Somerset Ct. W.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43227-3771	M 0	D 3	Y 1	Amount 20.00		
Full Name of Contributor Vera B. Humes						Registration Number, if PAC			
Street Address 4927 Berry Leaf Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 3	Y 1	Amount 15.00		
Full Name of Contributor Arlene Tidd						Registration Number, if PAC			
Street Address 4492 Carrington Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) 50		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 3	Y 1	Amount 50.00		
Full Name of Contributor John Haney, Jr.						Registration Number, if PAC			
Street Address 3544 Main St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 3	Y 1	Amount 50.00		
Full Name of Contributor John W. Ulen						Registration Number, if PAC			
Street Address 2704 Swansea Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Jerry Baum						Registration Number, if PAC			
Street Address 8415 Country View Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Plain City	State O	H H	Zip Code 43064	M 0	D 3	Y 1	Amount 50.00		
Full Name of Contributor Larry J. Earman						Registration Number, if PAC			
Street Address 4369 Shire Creek Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 7	Y 2	Amount 300.00		

* 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 \$ 685.00