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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					Registration Number, if PAC					
Committee to Elect Donald Schonhard	<u>t</u>									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Checl	k, etc.)		
5307 Franklin St.	<u> </u>						Check			
City	I _	ate	Zip Code	M	D	Y	Amount			
Hilliard	0	_н_	43026	0 3	1 8			100.00		
Full Name of Contributor Registration Number, if PAC										
Benjamin Hooff							F (0 0			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1861 Somerset Ct. W.	6.		7in Codo	1 14	D	Y	Check Amount			
Columbus	O	ate H	Zip Code 43227-3771	M			Amount	20.00		
Full Name of Contributor	10		43227-3771	0 3	1 8			20.00		
Full Name of Contributor Vera B. Humes Registration Number, if PAC										
Vera D. Turries Street Address	Employe	r/Occups	tion/Labor Organization*				Form (Cash, Chec	k. etc.)		
4927 Berry Leaf Place	Employer/Occupation/Labor Organization*						Check	, 0,		
City	St	ate	Zip Code	М	D	ΙΥ	Amount			
Hilliard	آ م ا	H	43026	0 3	1 8			15.00		
Full Name of Contributor	1.~_		10020			ber, if PA	C	10.00		
Arlene Tidd										
Street Address	Employe	т/Оссира	tion/Labor Organization*	-			Form (Cash, Chec	k, etc.)		
4492 Carrington Way							50			
City	St	ate	Zip Code	М	D	Y	Amount			
Hilliard	0	H	43026	0 3	1 8	1 0		50.00		
Full Name of Contributor	•		• · · · · · · · · · · · · · · · · · · ·	Registra	tion Num	ber, if PA	c			
John Haney, Jr.										
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)			
3544 Main St.							Check			
City	St	ate	Zip Code	M	D	Y	Amount			
Hilliard	0	Н	43026	0 3			<u> </u>	50.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	С			
John W. Ulen				L						
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
2704 Swansea Rd.	ļ		Tail a	1	1 .	1 1/2	Check			
City		ate	Zip Code	M	110	Y	Amount	100.00		
Columbus	10	Н	43221			1 0 ber, if PA		100.00		
Full Name of Contributor				Registra	HOII NUIH	oei, ii FA	C			
Jerry Baum	Employe	-/Occurr	rtion(I shor Organization*				Form (Cash, Chec	k etc \		
Street Address	Employer/Occupation/Labor Organization*						Cash			
8415 Country View Lane		ate	Zip Code	М	D	ΙΥ	Amount			
Plain City	lo	H	43064	0 3	1 8			50.00		
Full Name of Contributor Registration Number, if PA								00.00		
Larry J. Earman										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
4369 Shire Creek Ct.					Check					
City	S	ate	Zip Code	M	D	Y	Amount			
Hilliard	0	H	43026	0 7	2 3	1 0	<u> </u>	300.00		
	-		detag. If contributor is calf ample							

* 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