

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 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 | Zip Code 43064 | M 1 1 | D 0 5 | Y 0 9 | Amount 50.00 | |
| Full Name of Contributor Central Ohio Realtors Political Action Committee | | | | | Registration Number, if PAC | | |
| Street Address 2700 Airport Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43219 | M 1 1 | D 1 7 | Y 0 9 | Amount 1,000.00 | |
| 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 | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
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| City | State | Zip Code | M | D | Y | Amount | |

* 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 \$ 1,050.00