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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				terpolyments Constitution Specifically				
Name of Committee in Full	יי אירואייניינואיע	A TAT						
COMMITTEE TO RE-ELECT BUCK	CAND EARM	AN						
all Name of Contributor Registration Nu			ion Numb	per, if PA	J.			
David & Sheila Mitchell				elahan orang menerakan kepada		r /2 l =	11	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, C	neck, etc.)	
3055 Bohlen Drive						check		
City	State	Zip Code	М	D	Y	Amount	J 1800	
Hilliard	0 H	43026	0 4	0 3	0 9		150.00	
Full Name of Contributor			Registrat	tion Numl	per, if PA	C		
Larry Earman								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4369 Shire Creek Court				check				
City	State	Zip Code	М	D	Y	Amount		
Hilliard	0 H	43026	0 7	0 1	0 9		2,000.00	
Full Name of Contributor			etalpeneng areas areas project and areas areas	The second second	ber, if PA	C		
Edwin & Joann Hensley								
Street Address	Employer/Occur	pation/Labor Organization*	B			Form (Cash, C	Check, etc.)	
4174 Golden Seal Way	. , ,	Ŭ				check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	OH	43026	0 7		0 9		50.00	
Full Name of Contributor		1 20020		A STATE OF THE PARTY OF THE PAR	ber, if PA	C	00,00	
			registra					
Charles W. Buck	TEmployer/Occur	option/Labor Organization*				Form (Cash, C	Theck etc.)	
Street Address	Employer/Occupation/Labor Organization*				check			
4814 Canterwood Court		7. 6.1	1 14	D	Y	Amount		
City	State	Zip Code	M	1 .			1 000 00	
Hilliard	O H	43026	0 7	NAME OF TAXABLE PARTY.	0 9	Transmissing providence (2) the position provides	1,000.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Jack & Lavonne Headlee								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
3690 Links Circle		***************************************				check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	0 H	43026	0 8	0 3	0 9		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Rickey & Arlene Tidd								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
4492 Carrington Way						check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	0 H	43026	0 8	013	0 9		100.00	
Full Name of Contributor					ber, if PA			
J. Willaim & Kathleen Uttley								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4177 Stone root Drive							check	
City	State	Zip Code	М	D	Y	Amount		
Hilliard	OIH	43026	0 8	1 .	1		50.00	
Full Name of Contributor		EO O dout O			ber, if PA	-Constantination and the constanting of the constan	00,00	
			-108.541		, *			
Charles W. Buck	Employer/Occupation/Labor Organization* Form (Cash, Check			Check. etc.)				
Street Address	Employer/Occupation/Labor Organization			check				
4814 Canterwood Court	0	Tin Codo	М	D	Y	Amount	the account of the second of t	
City	State	Zip Code	1 ,	1 .	1 .	Ĭ	1 000 00	
Hilliard	O H	43026	0 8	06	0 9	1	1,000.00	

* 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 \$	4,400.00
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