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## **In-Kind 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	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Charles W. Buck								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
4914 Canterwood Ct.	Paid for tree donated			t .				
			1   0   0   8   1   0   481.50   Received at Fundraising Event?					
City	State	Zip Code 43026	_		raising Ev	F		
Hilliard	$O \mid H$		_	YES		✓NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received	at Fund	raising E	vent?		
E HALL ACCOUNTS	E1 Ossum	ation Lohou Organization *	D = -i		L :CD4			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Received	d at Fund	raising E	vent?		
<b>,</b>	1			YES		Пио		
Full Name of Contributor	Employer, Occupation, Labor Organization • Registration Num				ber, if PA	AC		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
			1 1		1	1		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
•				YES	_	No		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Full Name of Conditional	in project, Occupation, David Organization		Registration (Value), it is re-					
Street Address	Description of Item or Service		М	D <sub>I</sub>	Y	Fair Market Value		
	<u> </u>					<u> </u>		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
and the same of th	St-t-	2:- C-1-	Duraina	d at Freed	aninina C			
City	State Zip Code		Received at Fundraising Event?  YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	Iraising E	vent?		
				YES		□NO		

<sup>\*</sup> 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)]