

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>The Committee to Elect Ron Stake</b>							
Full Name of Contributor <b>Norman Busk</b>					Registration Number, if PAC		
Street Address <b>1861 Crosswick Ct.</b>		Employer/Occupation/Labor Organization* <b>Lawyer</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Ronald W. Nore</b>					Registration Number, if PAC		
Street Address <b>513 Waring Way</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Joseph G. Schuer</b>					Registration Number, if PAC		
Street Address <b>8490 Landseer Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Committee To Elect Mike Shannon</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 238</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O H</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>2</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Contribution from form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0</b>	D <b>4</b>	Y <b>1</b>	Amount <b>1,600.00</b>	
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.)		
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.)		
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 \$ **1,895.00**