Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

					# 410500 Part - 10000		
Name of Committee in Full							
The Committee to Elect Ron Stake	arrow, but a summarized by the state of the		In.		ich	C	
Full Name of Contributor		Registration Number, if PAC					
Norman Busk				gi Q Delegania a sangana sa		France (Cook Ck - Jr+-)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1861 Crosswick Ct.	Lawyer		1			Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	0 5	0 8	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Ronald W. Nore					417000000000000000000000000000000000000		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
513 Waring Way						Cash	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43213		0 8		20.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Joseph G. Schuer							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
8490 Landseer Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	0 4	2 9	0 9	50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Committee To Elect Mike Shannon							
Street Address	Employer/Occup	ation/Labor Organization*	- American		ONE STORES AND ADDRESS OF THE	Form (Cash, Check, etc.)	
P.O. Box 238				Check			
City	State	Zip Code	М	D	Y	Amount	
Reynoldsburg	OH	43068	0 4	2 9	0 9	200.00	
Full Name of Contributor			THE RESERVE AND PARTY OF THE PA	tion Num	MINISTER CONTRACTOR OF	B	
Contribution from form 31-E							
Street Address	Employer/Occur	nation/Labor Organization*		***************************************	***************************************	Form (Cash, Check, etc.)	
Output A Real 500							
City	State	Zip Code	М	D	Y	Amount	
ony .		- r	0 4	1 .	0 9		
Full Name of Contributor			NAME OF TAXABLE PARTY.	tion Num	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS ADDRESS	A	
I an itanic of Controllor					. ,		
Street Address Employer/Occupation/Labor Organization*			Hamilton American	Form (Cash, Check, etc.)			
Silect Address Limptoyer occupation Early Organization 15th (Cubit, Orlean, Or					, , , , , , , , , , , , , , , , , , , ,		
City	State	Zip Code	М	D	Y	Amount	
City	Sidic	Lap Code					
Full Name of Contributor			Registr	ation Nun	ber if P	AC	
run name of Contributor			Rogistic	401011 17 U II	11 1 1		
G	E1010	pation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occup	oatton Lauot Organization				Tomic Custi, Check, Clc.)	
		Zi- C- J-	3.4	l n	Y	Amount	
City	State	Zip Code	M	D	l r	Amount	
					- L	A.C.	
Full Name of Contributor			Registra	ation Nun	noer, if P.	AC	
Street Address	Employer/Occupation/Labor Organization* Form (C			Form (Cash, Check, etc.)			
						<u>. </u>	
City	State	Zip Code	М	D	Y	Amount	
					1		

Page Total \$	1,895.00

^{*} 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)]