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# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>COMMITTEE TO RE-ELECT BUCK AND EARMAN</b>								
Full Name of Contributor <b>Roger &amp; Phyllis Reynolds</b>					Registration Number, if PAC			
Street Address <b>3870 Stonestrow Court West</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Hilliard</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>25.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>43026</b>			<b>check</b>			
Full Name of Contributor <b>Judith Schneider</b>					Registration Number, if PAC			
Street Address <b>4492 Shire Mill Road</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Hilliard</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>50.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>43026</b>			<b>check</b>			
Full Name of Contributor <b>Charles Schneider</b>					Registration Number, if PAC			
Street Address <b>4492 Shire Mill Road</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Hilliard</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>50.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>43026</b>			<b>check</b>			
Full Name of Contributor <b>Clyde &amp; Mary Seidle</b>					Registration Number, if PAC			
Street Address <b>4733 Clubpark Drive</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Hilliard</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>150.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>43026</b>			<b>check</b>			
Full Name of Contributor <b>Carla Smith</b>					Registration Number, if PAC			
Street Address <b>3509 Ridgewood Drive</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Hilliard</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>40.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>43026</b>			<b>cash</b>			
Full Name of Contributor <b>Susan Spicer</b>					Registration Number, if PAC			
Street Address <b>4345 River Landings Court</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Hilliard</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>100.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Hilliard</b>		<b>43026</b>			<b>check</b>			
Full Name of Contributor <b>Dennis &amp; Donna Swenson</b>					Registration Number, if PAC			
Street Address <b>4824 Bellann Road</b>		Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>Columbus</b>		<b>O   H</b>			<b>0</b>	<b>3</b>	<b>1</b>	<b>150.00</b>
City		Zip Code			Form(Cash,Check,etc)			
<b>Columbus</b>		<b>43221</b>			<b>check</b>			

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 565.00