

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO RE-ELECT BUCK AND EARMAN							
Full Name of Contributor Matt and Mary Bartilson						Registration Number, if PAC	
Street Address 4510 Carlton Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	100.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Jerry and Annaelle Baum						Registration Number, if PAC	
Street Address 8415 Country View Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Plain City		State O	H	Zip Code 43064		Form(Cash,Check,etc) cash	
Full Name of Contributor Steve and Jackie Buck						Registration Number, if PAC	
Street Address 5744 Bonlay Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	200.00
City Dublin		State O	H	Zip Code 43016		Form(Cash,Check,etc) check	
Full Name of Contributor Catherine Cunningham & Brian Moore						Registration Number, if PAC	
Street Address 5367 Hessler Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	75.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor John Deinniger						Registration Number, if PAC	
Street Address 3661 Lagoon Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	20.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) cash	
Full Name of Contributor Will & Phyllis Ernst						Registration Number, if PAC	
Street Address 4643 Schirtziger Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	125.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Steven and Nancy Gandee						Registration Number, if PAC	
Street Address 3699 Lagoon Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	75.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) check	

* 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 \$ 645.00