

Event Date	<u>3/13/09</u>
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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 COMMITTEE TO RE-ELECT BUCK AND EARMAN							
Full Name of Contributor Libby Gierach				Registration Number, if PAC			
Street Address 3585 Skipstone Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	200.00
City Columbus		State O	H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Carrie Gladen				Registration Number, if PAC			
Street Address 4373 Bridgeside Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	25.00
City New Albany		State O	H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor John Haney				Registration Number, if PAC			
Street Address 3544 Main St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Jack & LaVonne Headlee				Registration Number, if PAC			
Street Address 3690 Links 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 Jean Junk				Registration Number, if PAC			
Street Address 3722 East Links Circle		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 Brian & Heather Keck				Registration Number, if PAC			
Street Address 3400 Heritage Oaks Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	150.00
City Hilliard		State O	H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Steven & Christine Mazer				Registration Number, if PAC			
Street Address 3362 Harbor Bay Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	50.00
City Columbus		State O	H	Zip Code 43221		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 \$ 650.00