

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				Registration Number, if PAC	
Joshua & Dana Tidd					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5360 Morning Drive			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O H	43026	check		
Full Name of Contributor				Registration Number, if PAC	
Ricky & Arlene Tidd					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4492 Carrington Way			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O H	43026	check		
Full Name of Contributor				Registration Number, if PAC	
J. Willaim & Kathleen Uttley					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4177 Stone Root Drove			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O H	43026	check		
Full Name of Contributor				Registration Number, if PAC	
Jean Verwohlt					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5234 Heritage Lane			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O H	43026	check		
Full Name of Contributor				Registration Number, if PAC	
Timothy & Lisa Wood					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3514 Mark Twain Drive			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O H	43026	check		
Full Name of Contributor				Registration Number, if PAC	
David & Ann Ziegel					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5714 Whispering Oak Blvd.			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O H	43026	check		
Full Name of Contributor				Registration Number, if PAC	
Unknown contributor					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
			0	3	09
City	State	Zip Code	Form(Cash,Check,etc)		
			cash		

* 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
2,560.00

Total expenditures this event
4,423.12

Page Total \$ 700.00