

Event Date	_____
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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 <div style="text-align: center; font-size: 1.2em;">Palmer For School Board</div>							
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">Gary L. Leasure</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">2485 Milligan Grove</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Grove City</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43123</div>		06	24	09	\$250.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">Dr. Khout Czaruk</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">2720 Vassar Place</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Columbus</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43221</div>		09	23	09	\$100.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">SWAA (South-Western Administrators Assoc)</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">2803 Southwest Blvd.</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Grove City</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43123</div>		10	01	09	\$500.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">Kathryn J. Buckerfield</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">4062 Ponds Edge Street</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Grove City</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43123</div>		09	29	09	\$50.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">OARSE AFSCME Turnaround Ohio PAC LA 1269</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">6805 Oak Creek Drive</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Columbus</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43123</div>		09	30	09	\$2000.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">Jennifer Jackson</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">1880 Seaside Circle</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Grove City</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43123</div>		10	03	09	\$50.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			
Full Name of Contributor <div style="text-align: center; font-size: 1.2em;">Richard L. Stage</div>						Registration Number, if PAC	
Street Address <div style="text-align: center; font-size: 1.2em;">2733 Woodgrove Dr.</div>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <div style="text-align: center; font-size: 1.2em;">Grove City</div>	State <div style="text-align: center; font-size: 1.2em;">OH</div>	Zip Code <div style="text-align: center; font-size: 1.2em;">43123</div>		10	03	09	\$75.00
				Form (Cash, Check, etc) <div style="text-align: center; font-size: 1.2em;">check</div>			

* 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 \$ 0.00