

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
CITIZENS + RELECT KNA-SHAW TRUSTEE			
Full Name of Contributor		Registration Number, if PAC	
BRICKEN SCLER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
100 S. THARP		09 25 17	100
City	State	Zip Code	Form (Cash, Check, etc.)
POWERS	OH	43215	CHECK
Full Name of Contributor		Registration Number, if PAC	
RICK GERBER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
612 S. KARNER PL	ATTY	09 25 17	200
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
RON BILLANT			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6475 OESSIDE		09 25 17	100
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
DEAN KNISLEY			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1116 DUBLIN RD	ATTY	09 25 17	50
City	State	Zip Code	Form (Cash, Check, etc.)
POWERS	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
RON GEESE			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5584 BRAND RD		09 25 17	75
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
DAVE MINAJOI			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7871 DIVISION DR		09 25 17	50
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
JOHN MINTON			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
8977 TURN HILL CT		09 25 17	100
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	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 also 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

1995	
------	--

Total expenditures this event.

0	
---	--

Page Total \$

675