31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
~~COMMITTEE~~ CITIZENS TO ELECT KAUFFMAN TRUSTEE

Full Name of Contributor	Registration Number, if PAC						
Bob Bridges							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4850 Lytfield Dr.	Attorney						
City	State	Zip Code	M	D	Y		Amount
Dublin	OH	43017	09	18	13		50.00
Full Name of Contributor	Registration Number, if PAC						
Bob Adamek							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4897 Lytfield	Sales						
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43017	09	25	13		150.00
Full Name of Contributor	Registration Number, if PAC						
Marilee Zuercher							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6049 Glen Barr							
City	State	Zip Code	M	D	Y		Amount
~~Columbus~~ Dublin	OH	43017	09	24	13		100.00
Full Name of Contributor	Registration Number, if PAC						
Tom Weisenburger							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
850 Glen Meadow Ct							Check
City	State	Zip Code	M	D	Y		Amount
Dublin	OH	43017	09	25	13		100
Full Name of Contributor	Registration Number, if PAC						
Charles Knastrom							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5512 Carlestom Ln							Bottle
City	State	Zip Code	M	D	Y		Amount
Dublin	OHIO	43017	09	01	13		30
Full Name of Contributor	Registration Number, if PAC						
Charles Knastrom							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5512 Carlestom Ln							Check
City	State	Zip Code	M	D	Y		Amount
Dublin	OH	43017	09	06	13		1000
Full Name of Contributor	Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y		Amount
Full Name of Contributor	Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y		Amount

* 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)]

Page Total $ ~~1430~~ 1330