

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
CITIZENS + REELECT KNA-SMITH TRUSTEE			
Full Name of Contributor		Registration Number, if PAC	
BAILEY SCLER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
100 S. THARP		09 25 13	100
City	State	Zip Code	Form (Cash, Check, etc.)
POWERS	OH	43213	CHECK
Full Name of Contributor		Registration Number, if PAC	
RICK GERBER			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
612 S. KAREN PL	ATTY	09 25 13	200
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
RON WILLARD			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6475 OHSIDE		09 25 13	100
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
DEAN KISSLEY			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1111 DUBLIN RD	ATTY	09 25 13	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 13	75
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
DAN RIVAROTI			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7871 RIVINGTON DR		09 25 13	50
City	State	Zip Code	Form (Cash, Check, etc.)
DUBLIN	OH	43017	CHECK
Full Name of Contributor		Registration Number, if PAC	
JOHN MURPHY			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
8977 TWIN HILL CT		09 25 13	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

1495	
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Total expenditures this event.

0	
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Page Total \$

675