

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
CITIZENS TO ELECT KNASTMAN TRUSTEE					
Full Name of Contributor				Registration Number, if PAC	
JOHN BESSY					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
6797 HOBBS			0	9	25
City	State	Zip Code	Form (Cash, Check, etc.)		
DUBLIN OHIO	OH	43017	CHECK		
Full Name of Contributor				Registration Number, if PAC	
DAN SUTPITAN					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5832 LEVIN LANE			0	9	25
City	State	Zip Code	Form (Cash, Check, etc.)		
DUBLIN	OH	43017	CHECK		
Full Name of Contributor				Registration Number, if PAC	
MIKE DUFFY					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
77 S. HIGH ST			0	9	25
City	State	Zip Code	Form (Cash, Check, etc.)		
COLUMBUS	OHIO	43017	CHECK		
Full Name of Contributor				Registration Number, if PAC	
DAN GRANDY					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
10436 GREEN STONE LOOP			0	9	25
City	State	Zip Code	Form (Cash, Check, etc.)		
DUBLIN	OH	43017	CHECK		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		

* 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

1595	
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Total expenditures this event.

0	
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Page Total \$ 245
