

Statement of Contributions Received

Prescribed by Secretary of State 05/05

Name of Committee in Full							
COMMITTEE TO REELECT KNAUTH TRUSTEE							
Full Name of Contributor						Registration Number, if PAC	
Bob Bridges							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
9850 Lytfield Dr.		Attorney		CASH			
City	State	Zip Code	Mo	Di	Yr	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		CASH			
City	State	Zip Code	Mo	Di	Yr	Amount	
Columbus	OH	43017	09	25	13	150.00	
Full Name of Contributor						Registration Number, if PAC	
Marilee Zvercher							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
6049 Glen Barr				CASH			
City	State	Zip Code	Mo	Di	Yr	Amount	
Dublin	OH	43017	09	24	13	100.00	
Full Name of Contributor						Registration Number, if PAC	
Bob Waisenberg							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
350 Glenview Dr				CHECK			
City	State	Zip Code	Mo	Di	Yr	Amount	
Dublin	OH	43017	09	25	13	100	
Full Name of Contributor						Registration Number, if PAC	
CHARLES KNAUTH							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
5512 CAPLESTONE LN				CASH			
City	State	Zip Code	Mo	Di	Yr	Amount	
Dublin	OH	43017	09	01	13	30	
Full Name of Contributor						Registration Number, if PAC	
CHARLES KNAUTH							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
5512 CAPLESTONE LN				CASH			
City	State	Zip Code	Mo	Di	Yr	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	Mo	Di	Yr	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
City	State	Zip Code	Mo	Di	Yr	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)]