

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

Prescribed by Secretary of State 03/05

Event Date 09-25-13
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Name of Committee in Full				Registration Number, if PAC			
01/12/13 SELECT KNASTMAN TRUSTEE							
Full Name of Contributor				Amount			
DAVE SAWYER JOHN BEESEY				25			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
6797 HOBBS				0	9	2	5
City	State	Zip Code	Form (Cash, Check, etc.)				
DUBLIN OHIO	OH	43017	CHECK				
Full Name of Contributor				Registration Number, if PAC			
DAN SUTPATE							
Full Name of Contributor				Amount			
5832 LEVIN LINK				150			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
5832 LEVIN LINK				0	9	2	5
City	State	Zip Code	Form (Cash, Check, etc.)				
DUBLIN	OH	43017	CHECK				
Full Name of Contributor				Registration Number, if PAC			
DAVE SAWYER MIKE DUFFY							
Full Name of Contributor				Amount			
77 S. HOBBS ST				20			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
77 S. HOBBS ST				0	9	2	5
City	State	Zip Code	Form (Cash, Check, etc.)				
COLUMBUS	OHIO	43017	CHECK				
Full Name of Contributor				Registration Number, if PAC			
DAN GRADNEY							
Full Name of Contributor				Amount			
0456 GREEN STAM LOOP				50			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
0456 GREEN STAM LOOP				0	9	2	5
City	State	Zip Code	Form (Cash, Check, etc.)				
DUBLIN	OH	43017	CHECK				
Full Name of Contributor				Registration Number, if PAC			
Full Name of Contributor				Amount			
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			
Full Name of Contributor				Amount			
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

Total expenditures this event.

0

Page Total \$ 245