

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Adair for Judge Committee						
Full Name of Contributor Johnny Brown			Registration Number, if PAC			
Street Address 106 N High St apt 604	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2013	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Kristin Boggs			Registration Number, if PAC			
Street Address 834 Hamlet St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2013	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Emily Tapocsi			Registration Number, if PAC			
Street Address 6613 Guyer St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2013	Amount \$25.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check			
Full Name of Contributor Elizabeth Leahy			Registration Number, if PAC			
Street Address 3177 Dartford Trace	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2013	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name of Contributor Sheila Gartland			Registration Number, if PAC			
Street Address 1451 Brittingham Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2013	Amount \$50.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Online contribution			
Full Name of Contributor Jocelyn Armstrong			Registration Number, if PAC			
Street Address 3399 Beulah Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2013	Amount \$25.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Online contribution			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	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

\$775.00

Total expenditures this event.

\$191.71

Page Total \$ 775.00