

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 Robert A Bracco				Registration Number, if PAC	
Street Address 3535 W Henderson Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$100.00
Full Name of Contributor Rateb Khasawneh				Registration Number, if PAC	
Street Address 2456 Middlesex Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$150.00
Full Name of Contributor Bill Ditty - Ditty Financial Forensics LLC				Registration Number, if PAC	
Street Address 3010 Hayden Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$100.00
Full Name of Contributor Rosemary Ebner Pomeroy Attorney at Law				Registration Number, if PAC	
Street Address 200 E Campus View Blvd Ste 200		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$100.00
Full Name of Contributor Georges Zeidan - Zeidan & Associates LLC				Registration Number, if PAC	
Street Address 1170 Old Henderson Rd Ste 105		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$100.00
Full Name of Contributor Maryellen Reash- Reash law Offices				Registration Number, if PAC	
Street Address 1170 Old Henderson Rd Ste 118		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	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)]

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

\$650.00

Total expenditures this event.

\$0.00

Page Total \$ 650.00