



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Jennifer Adair				
Full Name of Contributor OAPSE/AFSCME Turnaround Ohio PAC			Registration Number, if PAC 1269	
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization* Labor: OAPSE/AFSCME		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 04/16/2019	Amount 1000.00
Full Name of Contributor James W. Adair, III			Registration Number, if PAC	
Street Address 1150 Rockport Court		Employer/Occupation/Labor Organization* Self-- James W. Adair, III, Attorney-at-Law		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 04/21/2019	Amount 5.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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)]