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

Event Date_	9/29/13
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of John C. ADA	 Ms				
Full Name of Contributor	Registration Number, if PAC				
J.G. DAvidson					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
3838 Chisel hurst Pl.			0929134100.60		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
"Upper Arlington	OH	Zip Code 43220	Check		
Linux Name of Contributor	<u>1</u>		Registration Number, if PAC		
Gregory M. Bauers Street Address					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
2007 Inchelitt RD			09 29 1 3 \$ 100.00		
City	State Zip Code		Form (Cash, Check, etc.)		
Columbus	ОН	43221	check		
Full Name of Contributor	1	<u> </u>	Registration Number, if PAC .		
Jenniter 6. DAVIDSON					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
3838 chiselhurstPl	Employer/occupation Jacon Organization		092913\$150.00		
■Cia	Sta te	Zîp Çode	Form (Cash, Check, etc.)		
Upper Arlington	l oh'	43220	check		
Full Name of Contributor	0	. 55-0	Registration Number, if PAC		
Steven 6. Simensky					
Street Address	Employar/Occupati	on/i phor Organization*	M D Y Amount		
4487 Ashview St.	Employer/Occupation/Labor Organization*		072913 \$100.00		
City 4	Sta te	Zin Code	Form (Cash, Check, etc.)		
Hilliard	OH,	2ip Code 43026	Check		
Full Name of Contributor	1		Registration Number, if PAC		
Jennifer D. Wyngarden Street Address					
Street Address	Employer/Occupation/Labor Organization*		M. D. Y. Amount		
4686 Hoffman Farms Dr.	2projet/escapation based enganthamen		092913 # 50.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Hilliace	OH	43026	Check		
Full Name of Contributor	1	10-0-	Registration Number, if PAC		
Robert A. BrAcco					
Street Address	Employar/Occupati	on/Labor Organization*	M D Y Amount		
3535 West Henderson Rl	Employer/Occupation/Labor Organization*		072913#250.00		
I ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ					
City -	Sta te	Zip Code			
Columbus	Stalte OH	Zip Code	Form (Cash, Check, etc.)		
Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		
Columbus Full Name of Contributor	OH,	43220	Form (Cash, Check, etc.)		
Full Name of Contributor Pill Di Hy, Di Hy Fin Ancial Strant Address	Forensi	43220	Form (Cash, Check, etc.) Check Registration Number, if PAC		
Full Name of Contributor Pill Dity, Dity Fin Ancial Street Address	Forensi	43220	Registration Number, if PAC MI D Y Amount		
City Columbus Full Name of Contributor Bill Ditty, Ditty Financial Street Address 3010 HAYDON RQ	Forensia Employer/Occupati	c > , LLC on/Labor Organization*	Registration Number, if PAC NI D Y Amount O 9 2 9 1 3 000.00		
Full Name of Contributor Pill Di Hy, Di Hy Fin Ancial Strant Address	Forensi	43220	Registration Number, if PAC MI D Y Amount		

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 No. 31-E" and list the date of the event in the date column

Total contributions this event

* 1000 00 -\$0:00 Total expenditures this event.

\$0.00

◆ 850.∞ Page Total \$ _____

^{*} 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)]