

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of John C. Adams			
Full Name of Contributor		Registration Number, if PAC	
J. G. Davidson			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3838 Chiselhurst Pl.		09	29 13 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Upper Arlington	OH	43220	check
Full Name of Contributor		Registration Number, if PAC	
Gregory M. Bauers			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2007 Inchcliff Rd		09	29 13 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor		Registration Number, if PAC	
Jenniter G. Davidson			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3838 chiselhurst Pl		09	29 13 \$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Upper Arlington	OH	43220	check
Full Name of Contributor		Registration Number, if PAC	
Steven G. Simensky			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4487 Ashview St.		09	29 13 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	check
Full Name of Contributor		Registration Number, if PAC	
Jennifer D. Wyngarden			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4686 Hoffman Farms Dr.		09	29 13 \$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	check
Full Name of Contributor		Registration Number, if PAC	
Robert A. Bracco			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3535 West Henderson Rd		09	29 13 \$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
Full Name of Contributor		Registration Number, if PAC	
Bill Ditty, Ditty Financial Forensics, LLC			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3010 Haydon Rd		09	29 13 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	check

* 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

\$1,000.00 -\$0.00

Total expenditures this event.

\$0.00

\$850.00 -\$0.00
Page Total \$