

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Adam Slane					
Full Name of Contributor John & Linda Slane				Registration Number, if PAC	
Street Address 680 N. Hague Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$100.00
Full Name of Contributor Helen Chapman		Employer/Occupation/Labor Organization*		D 4	Y 0
Street Address 680 N. Hague Ave		Employer/Occupation/Labor Organization*		Y 9	Amount \$50.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Cash	
Full Name of Contributor John Serr		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 6536 Atterbury Court		Employer/Occupation/Labor Organization*		M 0	D 8
City Dayton		State OH	Zip Code 45459	Y 1	Amount \$35.00
Full Name of Contributor Dana & Jacqueline Skaggs		Employer/Occupation/Labor Organization*		D 4	Y 0
Street Address 676 E. Stewart		Employer/Occupation/Labor Organization*		Y 9	Amount \$75.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ronnie & Frances Mollette		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address 2446 Rosecrest St.		Employer/Occupation/Labor Organization*		M 0	D 8
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$35.00
Full Name of Contributor Kimberley & Wesley Hoag		Employer/Occupation/Labor Organization*		D 4	Y 0
Street Address 2057 Upper Chelsea Rd.		Employer/Occupation/Labor Organization*		Y 9	Amount \$50.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor		Employer/Occupation/Labor Organization*		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 8
City		State OH	Zip Code	Y 1	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

\$345.00

Total expenditures this event.

\$68.24

Page Total \$ 345.00