

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Adair For Judge Committee</b>									
Full Name of Contributor <b>John M Jackson</b>						Registration Number, if PAC			
Street Address <b>51 Liberty Ridge Ave</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>		State <b>OH</b>		Zip Code <b>43065</b>		M <b>0</b>		D <b>7</b>	
						Y <b>1</b>		Amount <b>\$250.00</b>	
Full Name of Contributor <b>Keisha J Hunley-Jenkins</b>						Registration Number, if PAC			
Street Address <b>2656 Berwick Blvd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>0</b>		D <b>9</b>	
						Y <b>1</b>		Amount <b>\$30.00</b>	
Full Name of Contributor <b>Kristin Watt</b>						Registration Number, if PAC			
Street Address <b>4445 Castleton Rd W</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Online Contribution</b>		
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43220</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		Zip Code		M <b>0</b>		D <b>8</b>	
						Y <b>2</b>		Amount <b>\$650.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		Zip Code		M <b>0</b>		D <b>8</b>	
						Y <b>2</b>		Amount <b>\$125.00</b>	
Full Name of Contributor <b>Contributions from Form No. 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		Zip Code		M <b>0</b>		D <b>8</b>	
						Y <b>2</b>		Amount <b>\$775.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		Zip Code		M		D	
						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)]

Page Total **\$1,930.00**