

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page 1

Name of Committee in Full Friends of John C. Adams							
Full Name of Contributor C. Lawrence Huddleston				Registration Number, if PAC			
Street Address 2710 Crafton Park		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check #3074			
City Columbus	State OH	Zip Code 43221	M 10	D 23	Y 13	Amount \$250.00	
Full Name of Contributor Larry S. McVey				Registration Number, if PAC			
Street Address 2220 Cheltenham Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check #1861			
City Columbus	State OH	Zip Code 43220	M 10	D 23	Y 13	Amount \$25.00	
Full Name of Contributor Randall Neidenthal				Registration Number, if PAC			
Street Address 1808 Ridgeway Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAY 241			
City Columbus	State OH	Zip Code 43221	M 10	D 20	Y 13	Amount \$25.00	
Full Name of Contributor RAY A. DiDonato				Registration Number, if PAC			
Street Address 28196 Scippo Creek Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check #1202			
City Columbus	State OH	Zip Code 43113	M 10	D 24	Y 13	Amount \$150.00	
Full Name of Contributor Milton Lustnauer				Registration Number, if PAC			
Street Address 2902 Halstead Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check #8673			
City Columbus	State OH	Zip Code 43221	M 10	D 26	Y 13	Amount \$50.00	
Full Name of Contributor D. Robert Houser				Registration Number, if PAC			
Street Address 1653 Berkshire Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check #1252			
City Columbus	State OH	Zip Code 43221	M	D	Y	Amount \$100.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City	State OH	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 OH	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 **\$600.00**
~~\$0.00~~