31-A
R.C. 3517.10

Page 2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Friends of Jeff Davis								
Full Name of Contributor							**Registration Number, if PAC**	
Benjamin R Brace								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4090 Haughn Road								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	19	15			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
William D. Allbright								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
341 Edmore Rd								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Fairlawn	OH	44333	09	01	15			$25.00
Full Name of Contributor							**Registration Number, if PAC**	
Ryan L McManus								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5445 Royal Troon Way								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Avon	in	46123	09	01	15			$50.00
Full Name of Contributor							**Registration Number, if PAC**	
Jacob C. Evans								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4903 Britton Farms Ct								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Hilliard	OH	43026	09	01	15			$50.00
Full Name of Contributor							**Registration Number, if PAC**	
Matthew S. Redfield								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2150 Strathshire Hall Ln								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Powell	OH	43065	09	01	15			$25.00
Full Name of Contributor							**Registration Number, if PAC**	
David A Battocletti								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
63 W Livingston Ave								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43215	09	01	15			$100.00
Full Name of Contributor							**Registration Number, if PAC**	
Leslie A Bostic								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1898 Seaside Circle								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	21	15			$30.00
Full Name of Contributor							**Registration Number, if PAC**	
Anita C. Allen								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
135 N. Harding Rd								check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43209	09	03	15			$50.00

* 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 $430.00