

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>					
Full Name of Contributor <b>Charles Unterreiner</b>				Registration Number, if PAC	
Street Address <b>784 Wynstone Dr.</b>	Employer/Occupation/Labor Organization* <b>American Structurepoint</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>
City <b>Lewis Center</b>	State <b>O</b>	Zip Code <b>43035</b>	Amount <b>250.00</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Kenneth Creese II</b>				Registration Number, if PAC	
Street Address <b>5434 Oldevintage Dr.</b>	Employer/Occupation/Labor Organization* <b>Sutphen</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Amount <b>500.00</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Teresa Langer</b>				Registration Number, if PAC	
Street Address <b>7696 Farm Hill Dr.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>
City <b>Blacklick</b>	State <b>O</b>	Zip Code <b>43004</b>	Amount <b>33.00</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>William Demora</b>				Registration Number, if PAC	
Street Address <b>100 Warren St.</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>33.00</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b></b>				Registration Number, if PAC	
Street Address <b></b>	Employer/Occupation/Labor Organization* <b></b>		M <b></b>	D <b></b>	Y <b></b>
City <b></b>	State <b></b>	Zip Code <b></b>	Amount <b></b>	Form(Cash,Check,etc) <b></b>	
Full Name of Contributor <b></b>				Registration Number, if PAC	
Street Address <b></b>	Employer/Occupation/Labor Organization* <b></b>		M <b></b>	D <b></b>	Y <b></b>
City <b></b>	State <b></b>	Zip Code <b></b>	Amount <b></b>	Form(Cash,Check,etc) <b></b>	
Full Name of Contributor <b></b>				Registration Number, if PAC	
Street Address <b></b>	Employer/Occupation/Labor Organization* <b></b>		M <b></b>	D <b></b>	Y <b></b>
City <b></b>	State <b></b>	Zip Code <b></b>	Amount <b></b>	Form(Cash,Check,etc) <b></b>	

\* 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 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  

6,105.00

Total expenditures this event  

0.00

Page Total \$ 816.00