

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther					
Full Name of Contributor Lori Tyack				Registration Number, if PAC	
Street Address 947 Clubview Blvd N	Employer/Occupation/Labor Organization* Franklin County / Clerk of		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Jeffrey Lauria				Registration Number, if PAC	
Street Address 1745 White Oak Dr.	Employer/Occupation/Labor Organization* Malcolm Pirnie / Consultan		M 1	D 0	Y 0
City Delaware	State O	Zip Code 43015	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Charles Santer				Registration Number, if PAC	
Street Address 373 W. Hubbard Ave	Employer/Occupation/Labor Organization* Santer Capital / Housing D		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Judith Kress				Registration Number, if PAC	
Street Address 119 Longview Ave	Employer/Occupation/Labor Organization* The Breathing Association		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Matthew MacLaren				Registration Number, if PAC	
Street Address 441 E. Columbus St.	Employer/Occupation/Labor Organization* Ohio Hotel and Lodging As		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor William Faith				Registration Number, if PAC	
Street Address 340 Clinton Heights Ave	Employer/Occupation/Labor Organization* Coalition on Homelessness		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) Check		Amount
Full Name of Contributor Donald Klco				Registration Number, if PAC	
Street Address 225 E. North Broadway St.	Employer/Occupation/Labor Organization* Anheuser Busch / Lab Tech		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 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 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

Total expenditures this event

Page Total \$ 255.00