

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 Patrick McLean					Registration Number, if PAC		
Street Address 1010 Pearl St.		Employer/Occupation/Labor Organization* Ohio Attorney General / C		M 1	D 0	Y 1	Amount 35.00
City Ypsilanti	State M	Zip Code I 48197	Form(Cash,Check,etc) Check				
Full Name of Contributor Jessica Hart					Registration Number, if PAC		
Street Address 1382 Milk St., Apt C		Employer/Occupation/Labor Organization* SZD Whiteboard / Govern		M 1	D 0	Y 1	Amount 35.00
City Gahanna	State O	Zip Code H 43230	Form(Cash,Check,etc) Check				
Full Name of Contributor Tajudeen Bakare					Registration Number, if PAC		
Street Address 107 Crafton Ct		Employer/Occupation/Labor Organization* CT / Consultant		M 1	D 0	Y 1	Amount 35.00
City Delaware	State O	Zip Code H 43015	Form(Cash,Check,etc) Check				
Full Name of Contributor Peter Boyuk					Registration Number, if PAC		
Street Address 5078 Waycroft Rd.		Employer/Occupation/Labor Organization* Tactical Edge Ltd. / Graphi		M 1	D 0	Y 1	Amount 35.00
City Hilliard	State O	Zip Code H 43026	Form(Cash,Check,etc) Check				
Full Name of Contributor Erik Janas					Registration Number, if PAC		
Street Address 5504 Courtland Ct.		Employer/Occupation/Labor Organization* City of Columbus / Office		M 1	D 0	Y 1	Amount 75.00
City Cleveland	State O	Zip Code H 44102	Form(Cash,Check,etc) Check				
Full Name of Contributor Brian Shinn					Registration Number, if PAC		
Street Address 137 Morse Rd.		Employer/Occupation/Labor Organization* OH Secretary of State / Ass		M 1	D 0	Y 1	Amount 75.00
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) Check				
Full Name of Contributor Mark Swanson					Registration Number, if PAC		
Street Address 1193 Michigan Ave		Employer/Occupation/Labor Organization* Cup 'O Joe / Owner		M 1	D 0	Y 1	Amount 75.00
City Columbus	State O	Zip Code H 43201	Form(Cash,Check,etc) Check				

* 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 \$ 365.00