

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 Rich, Crites & Dittmer				Registration Number, if PAC	
Street Address 300 E. Broad St., Suite 300		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 7	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Phillips				Registration Number, if PAC	
Street Address 8153 Rookery Way		Employer/Occupation/Labor Organization* Rich, Crites, & Dittmer / A		M D Y 1 0 2 0 7	Amount 250.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey Rich				Registration Number, if PAC	
Street Address 6000 Whittingham Dr.		Employer/Occupation/Labor Organization* Rich, Crites, & Dittmer / A		M D Y 1 0 2 0 7	Amount 250.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

* 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

750.00

Total expenditures this event

0.00

Page Total \$ **750.00**