Event Date	10/02/07
Page	3

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

	Prescribed by Sec	retary of State 3/05					
Name of Committee in Full							
Friends for Ginther							
Full Name of Contributor		Registration Number, if PAC					
Carpenter and Lipps LLP							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
280 North High St.			1 0	0 9	0 7		50.00
City	State	Zip Code		sh,Checl			
Columbus	$O \mid H$	43215		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	-
Todd Lucas			M				
Street Address	1	Employer/Occupation/Labor Organization*		D	Y	Amount	
415 E. Weber Rd		Clear Channel Outdoor / S		0 9			50.00
City	State	Zip Code	. ,	sh,Check	. ,		
Columbus	O H	43202		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	rC	
John Carney					, ,		
Street Address		ation/Labor Organization*	M	D	Y	Атоипі	
357 E. Torrence Rd.		Brickler and Eckler / Attori					50.00
City	State	Zip Code	Ι,	sh,Check			
Columbus	O H	43214		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	AC.	
Tyler Lowry	- I						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	<b>5</b> 0.00
255 E. Longview Ave		Ohio / Assistant Pr		0 9 ash,Check			50.00
City	State	Zip Code	,				
Columbus	OH	43202		Checl	K ber, if PA	-	
Full Name of Contributor			Registra	uon Num	iber, if PA	AC .	
Gregory Finnerty Street Address	Ir	-4'# -1Oi4'*	1.6		l v l	A	
	Employer/Occupation/Labor Organization*		M	D	Y	Amount	250.00
6013 Round Tower Lane	Self-Emj State	Self-Employed / Attorney		0 9			250.00
Columbus		Zip Code 43017	Form(Cash,Check,etc)				
Columbus Full Name of Contributor	O H 43017		Check Registration Number, if PA			C	
			Regisua	HOII INUII	ider, ii P	<b>x</b> C	
The Brunner Firm Co., LPA Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
	Employer/Occup	auon/Labor Organization*		$0 \mid 9$		Amount	250.00
545 East Town St.	State	Zip Code		sh,Check			230.00
·		43215		Checl			
Columbus Full Name of Contributor	[() П	43213			ber, if PA	·C	
			Registia	don ivan	ioci, ii i r	ic	
Norma Ginther Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
		Employer/Occupation/Labor Organization* Institute for Human Service			0 7	, anount	300.00
1199 Highland St.	State	Zip Code	1 0	sh,Checl			300.00
Columbus	O H	43201		Checl			
Columbus	[()   П	1 43201		CHEC			
tognized for contributions from individuals over \$100 to statewide as	. d	didatas. If santaibutan is salf am	mloved d		tion and	the name of th	

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 \$1.000.00_

<sup>\*</sup> 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)]