

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 Carpenter and Lipps LLP				Registration Number, if PAC	
Street Address 280 North High St.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Todd Lucas				Registration Number, if PAC	
Street Address 415 E. Weber Rd		Employer/Occupation/Labor Organization* Clear Channel Outdoor / S		M D Y 1 0 0 9 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) Check	
Full Name of Contributor John Carney				Registration Number, if PAC	
Street Address 357 E. Torrence Rd.		Employer/Occupation/Labor Organization* Brickler and Eckler / Attor		M D Y 1 0 0 9 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Tyler Lowry				Registration Number, if PAC	
Street Address 255 E. Longview Ave		Employer/Occupation/Labor Organization* State of Ohio / Assistant Pu		M D Y 1 0 0 9 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) Check	
Full Name of Contributor Gregory Finnerty				Registration Number, if PAC	
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization* Self-Employed / Attorney		M D Y 1 0 0 9 0 7	Amount 250.00
City Columbus	State O H	Zip Code 43017		Form(Cash,Check,etc) Check	
Full Name of Contributor The Brunner Firm Co., LPA				Registration Number, if PAC	
Street Address 545 East Town St.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 0 7	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Norma Ginther				Registration Number, if PAC	
Street Address 1199 Highland St.		Employer/Occupation/Labor Organization* Institute for Human Service		M D Y 1 0 0 9 0 7	Amount 300.00
City Columbus	State O H	Zip Code 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 \$ 1,000.00