

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 Marilynn Stephens					Registration Number, if PAC			
Street Address 103C N. Paint St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	5	2	32.00
City Chillicothe		State O	H	Zip Code 45601	Form(Cash,Check,etc) Check			
Full Name of Contributor Lori M. Tyack					Registration Number, if PAC			
Street Address 947 Clubview Boulevard North		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Franklin Co. Municipal Co			0	5	2	32.00
City Columbus		State O	H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael A. Welch					Registration Number, if PAC			
Street Address 195 Sylvan Dr.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Metcalf & Eddy Aecom / C			0	5	2	32.00
City Delaware		State O	H	Zip Code 43015	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald J. McTigue					Registration Number, if PAC			
Street Address 3886 N. High St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		McTigue Law Offices / Att			0	5	2	32.00
City Columbus		State O	H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor G. Gary Tyack					Registration Number, if PAC			
Street Address 947 Clubview Boulevard North		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Franklin Co. Court of Appe			0	5	2	32.00
City Columbus		State O	H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael D. Witwer					Registration Number, if PAC			
Street Address 1050 Thorndale Dr.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Metcalf & Eddy Aecom / Pl			0	5	2	32.00
City Akron		State O	H	Zip Code 44320	Form(Cash,Check,etc) Check			
Full Name of Contributor Matthew MacLaren					Registration Number, if PAC			
Street Address 441 E. Columbus St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		OH Hotel & Lodging Assoc			0	5	2	32.00
City Columbus		State O	H	Zip Code 43206	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 \$ 224.00