

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 Mary Webster					Registration Number, if PAC		
Street Address 1000 Urlin Ave., Apt. 2014		Employer/Occupation/Labor Organization* City of Columbus / Assista		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Tilton					Registration Number, if PAC		
Street Address 2016 Northwest Blvd.		Employer/Occupation/Labor Organization* City of Columbus / Assista		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor John Hykes					Registration Number, if PAC		
Street Address 3682 Ridgewood Dr		Employer/Occupation/Labor Organization* Franklin County / Clerk of		M 1	D 0	Y 1	Amount 100.00
City Hilliard	State O	H H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor George Speaks					Registration Number, if PAC		
Street Address 1594 Goodale Blvd.		Employer/Occupation/Labor Organization* City of Columbus / Assista		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Sherry Bodine					Registration Number, if PAC		
Street Address 7066 Blakemore Lane		Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 1	Amount 100.00
City Dublin	State O	H H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Jonathan Varner					Registration Number, if PAC		
Street Address 3729 Canon Ridge Place		Employer/Occupation/Labor Organization* Jonathan Varner & Associa		M 1	D 0	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Friends of Heard					Registration Number, if PAC		
Street Address 2603 Burnaby Dr.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43209	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 \$ 800.00