

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 Suzanne C. Helmick			Registration Number, if PAC	
Street Address 2050 Ellington Rd.	Employer/Occupation/Labor Organization* Kids Voting / Exec. Director		M D Y 0 6 2 7 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Laura Biehle			Registration Number, if PAC	
Street Address 36 Winthrop Rd	Employer/Occupation/Labor Organization* Gahanna Schools / Teacher		M D Y 0 6 2 7 0 7	Amount 25.00
City Columbus	State O H	Zip Code 43214	Form(Cash, Check, etc) Check	
Full Name of Contributor Kenneth H. Creese II			Registration Number, if PAC	
Street Address 5434 Oldevintage Dr.	Employer/Occupation/Labor Organization* Sutphen / Sales Manager		M D Y 0 6 2 7 0 7	Amount 500.00
City Hilliard	State O H	Zip Code 43026	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* Metcalf & Eddy Aecom / C		M D Y 0 6 2 7 0 7	Amount 250.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check	
Full Name of Contributor Thomas Jedlinsky			Registration Number, if PAC	
Street Address 825 Retreat Lane	Employer/Occupation/Labor Organization* Camp Dresser McKee / Cli		M D Y 0 6 2 7 0 7	Amount 250.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check	
Full Name of Contributor Robert A. Meyer, Jr.			Registration Number, if PAC	
Street Address 41 South High St.	Employer/Occupation/Labor Organization* Porter, Wright, Morris & A		M D Y 0 6 2 7 0 7	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Jeffrey L. Brown			Registration Number, if PAC	
Street Address 37 West Broad St.	Employer/Occupation/Labor Organization* Smith & Hale LLC / Attorn		M D Y 0 6 2 7 0 7	Amount 250.00
City Columbus	State O H	Zip Code 43215	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 \$ 1,875.00