

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 Randy Borntrager				Registration Number, if PAC	
Street Address 522 South Pearl St.		Employer/Occupation/Labor Organization* OH Democratic Party / Co		M D Y 0 8 0 1 0 7	Amount 75.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Matt Kelly				Registration Number, if PAC	
Street Address 545 Bradley St.		Employer/Occupation/Labor Organization* Columbus St. Community C		M D Y 0 8 0 1 0 7	Amount 55.00
City Columbus		State O H	Zip Code 43201	Form(Cash,Check,etc) Cash	
Full Name of Contributor Steve Shellabarger				Registration Number, if PAC	
Street Address 845 N. High St. #402		Employer/Occupation/Labor Organization* Self / Investor		M D Y 0 8 0 1 0 7	Amount 100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Barry Pickett				Registration Number, if PAC	
Street Address 3035 Lamb Ave		Employer/Occupation/Labor Organization* Sheet Metal Workers Local		M D Y 0 8 0 1 0 7	Amount 40.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Jerry O'Shaughnessy				Registration Number, if PAC	
Street Address 9664 Shawnee Trail		Employer/Occupation/Labor Organization* Village of Shawnee Hills /		M D Y 0 8 0 1 0 7	Amount 30.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Cash	
Full Name of Contributor Monique Goins				Registration Number, if PAC	
Street Address 2185 McGuffey Rd.		Employer/Occupation/Labor Organization* Columbus City Council		M D Y 0 8 0 1 0 7	Amount 50.00
City Columbus		State O H	Zip Code 43211	Form(Cash,Check,etc) Cash	
Full Name of Contributor Dave Black				Registration Number, if PAC	
Street Address 3714 Seaford Rd.		Employer/Occupation/Labor Organization* Fifth Third Corp. / Public Funds R		M D Y 0 8 0 1 0 7	Amount 50.00
City Upper Arlington		State O H	Zip Code 43220	Form(Cash,Check,etc) Cash	

* 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 \$ 400.00