

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 Scott Beck					Registration Number, if PAC		
Street Address 1759 Canvasback Lane		Employer/Occupation/Labor Organization* CBRE / Real Estate Analyst		M 0	D 8	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Ken Paul					Registration Number, if PAC		
Street Address 9013 Lago Lane		Employer/Occupation/Labor Organization* City of Columbus / Legisla		M 0	D 8	Y 0	Amount 30.00
City Lewis Center	State O	H H	Zip Code 43035	Form(Cash,Check,etc) Check			
Full Name of Contributor Brad Myers					Registration Number, if PAC		
Street Address 4528 Olentangy Blvd		Employer/Occupation/Labor Organization* The Ohio State University		M 0	D 8	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash,Check,etc)			

* 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

2,102.47

Total expenditures this event

261.50

Page Total \$ 180.00