Event Date	10/16/07
Page	9

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05			
Name of Committee in Full					
Friends for Ginther					
Full Name of Contributor			Registration Number, if PAC		
Thomas Katezenmeyer					
Street Address	7	ation/Labor Organization*	$\begin{bmatrix} M & D \\ 1 & 0 & 1 & 9 \end{bmatrix}$	Y Amount	
4143 Stargrass Ct.	Limited	Limited Brands, Inc. / Seni			500.00
City	State	Zip Code	Form(Cash,Chec		
Hilliard	O H	43026	Chec		
Full Name of Contributor			Registration Number, if PAC		
Shyam Rajadhyaksha			M D		
Street Address		Employer/Occupation/Labor Organization*		Y Amount	
265 South Fifth St.		usiness Developm			40.00
City	State	Zip Code	Form(Cash,Chec		
Columbus	O H	43215	Cash		
Full Name of Contributor			Registration Nur	nber, if PAC	
Sarah Saccany			M D		
Street Address	1	Employer/Occupation/Labor Organization*		Y Amount	
49 E. Moler St.		Ohio Office of Information		0 7	35.00
City	State	Zip Code	Form(Cash,Chec		
Columbus	O H	43207	Cash		
Full Name of Contributor			Registration Nur	nber, if PAC	
Mel Pinkerton			M D		
Street Address		Employer/Occupation/Labor Organization*		Y Amount	
104 W. 1st Ave.		ADT / Sales		0 7	40.00
City	State	Zip Code	Form(Cash,Chec		
Columbus	ОН	43215	Casł		
Full Name of Contributor			Registration Nur	nber, if PAC	
Elizabeth Lessner			ļ <u> </u>		
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
2653 Glen Echo Dr.		Bettys / CEO		0 7	35.00
City	State	Zip Code	Form(Cash,Chec		
Columbus	OH	43202	Cash		
Full Name of Contributor			Registration Number, if PAC		
Jacob Roehl			M D		
Street Address	1	Employer/Occupation/Labor Organization*		Y Amount	
1784 Canvasback Lane	CB Richard Ellis/ Real Esta				50.00
City	State	Zip Code	Form(Cash,Chec		
Columbus	O H	43215	Casl		
Full Name of Contributor			Registration Nur	nber, if PAC	
Adam Friedman			M D		
Street Address		Employer/Occupation/Labor Organization*		Y Amount	
1784 Canvasback Lane		OH Media Strategies / Adr		0 7	85.00
City	State	Zip Code	Form(Cash,Chec		
Columbus	ОН	43215	Casl	1	
		1:1		estion and the name of t	T

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 \$785.00_

^{*} 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)]