

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 Marco Miller					Registration Number, if PAC		
Street Address 6293 Ballmer Rd.		Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 1	Amount 50.00
City Canal Winchester		State O	H H	Zip Code 43110		Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew Williams					Registration Number, if PAC		
Street Address 103 E. Lincoln St., Apt B		Employer/Occupation/Labor Organization* NetCare Access Corporatio		M 1	D 0	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Marc Armstrong					Registration Number, if PAC		
Street Address 1089 Folkestone Rd.		Employer/Occupation/Labor Organization* Ohio Rural Electric Cooper		M 1	D 0	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Gretchen James					Registration Number, if PAC		
Street Address 9 Buttles Ave, Apt, 340		Employer/Occupation/Labor Organization* OHIO Treasurer / Exec. As		M 1	D 0	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Laurel Beatty					Registration Number, if PAC		
Street Address 268 E. Gates ST.		Employer/Occupation/Labor Organization* OH Secretary of State / Att		M 1	D 0	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Dempsey					Registration Number, if PAC		
Street Address 1305 Westwood Ave		Employer/Occupation/Labor Organization* Arch Communications / D		M 1	D 0	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor Nicole Farrell					Registration Number, if PAC		
Street Address 62 Latham Ct.		Employer/Occupation/Labor Organization* The Columbus Foundation		M 1	D 0	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43214		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 \$ 350.00