

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 NiSource Inc PAC			Registration Number, if PAC C00051979	
Street Address 200 Civic Center Dri	Employer/Occupation/Labor Organization* Multicandidate Committee		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	
Full Name of Contributor Columbus Firefighters Union Local 67 PAC Fund			Registration Number, if PAC LA 839	
Street Address 1380 Dublin Rd., Suite 103	Employer/Occupation/Labor Organization*		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	
Full Name of Contributor Don M. Casto, III			Registration Number, if PAC	
Street Address 191 West Nationwide Blvd., Suite 200	Employer/Occupation/Labor Organization* The Casto Companies / Pa		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	
Full Name of Contributor Mary Jo McCaw			Registration Number, if PAC	
Street Address 57 Sheffield Rd.	Employer/Occupation/Labor Organization* Retired		M D Y 0 6 2 7 0 7	Amount 10.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Friends for Thomas			Registration Number, if PAC	
Street Address 41 South High St., Suite 2600	Employer/Occupation/Labor Organization*		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			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 6 2 7 0 7	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 6 2 7 0 7	Amount
City	State	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

5,735.00

Total expenditures this event

652.00

Page Total \$ 1,260.00