Event Date	10/02/07
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full Friends for Ginther Full Name of Contributor Kevin Durkin Street Address 471 East Braod St. Suite 1100 City Columbus Full Name of Contributor Michael Kasler Street Address	Self-e State	emp	ation/Labor Organization* bloyed / Attorney Zip Code	Registra M 1 0 Form(Ca	D 0 9	Y 0 7	Amount	100.00
Full Name of Contributor Kevin Durkin Street Address 471 East Braod St. Suite 1100 City Columbus Full Name of Contributor Michael Kasler	Self-e State	emp	loyed / Attorney Zip Code	M 1 0 Form(Ca	D 0 9	Y 0 7	Amount	100.00
Kevin Durkin Street Address 471 East Braod St. Suite 1100 City Columbus Full Name of Contributor Michael Kasler	Self-e State	emp	loyed / Attorney Zip Code	M 1 0 Form(Ca	D 0 9	Y 0 7	Amount	100.00
Street Address 471 East Braod St. Suite 1100 City Columbus Full Name of Contributor Michael Kasler	Self-e State	emp	loyed / Attorney Zip Code	1 0 Form(Ca	0 9	0 7		100.00
471 East Braod St. Suite 1100 City Columbus Full Name of Contributor Michael Kasler	Self-e State	emp	loyed / Attorney Zip Code	1 0 Form(Ca	0 9	0 7		100.00
City Columbus Full Name of Contributor Michael Kasler	State	;	Zip Code	Form(Ca				
Columbus Full Name of Contributor Michael Kasler				`	,			100.00
Full Name of Contributor Michael Kasler				i (Checl			
	Employer/0			Registration Number, if PAC				
G A 43	Employer/0							
		_	ation/Labor Organization*	M	D	Y	Amount	
33 E. Beaumont Rd	Columbus Department of F			0 9			50.00	
City	State		Zip Code	Form(Ca				
Columbus Full Name of Contributor	0	Η	43214	Registra	Checl		PAC	
Richard Cordray				Registia	uon ivun	ibei, ii i	AC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount					
4900 Grove City Rd	State of Ohio / Treasurer		1 0	0 9	017	,	100.00	
City	State		Zip Code	Form(Ca				
Grove City		Η	43123		Checl			
Full Name of Contributor				Registra	tion Nun	ber, if F	PAC	
Ty Marsh	- I							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y OLD	Amount	100.00	
57 Riverview Park Dr City	Columbus Chamber of Con		1 1 0 0 9 0 7 100. Form(Cash,Check,etc)				100.00	
Columbus			Esp code	1 01111(01	.011,01100	2,010)		
Full Name of Contributor	<u>t</u> !		I	Registra	tion Nun	ber, if F	PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
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EWW CO. C.				Desire	N	1 :er) A C	
Full Name of Contributor				Registra	uon Nun	ider, ii r	AC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
	1	_						
City	State	;	Zip Code	Form(Ca	sh,Chec	c,etc)		
Full Name of Contributor				Registra	tion Nun	ber, if F	PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State	;	Zip Code	Form(Ca	ash,Chec	c,etc)		
equired for contributions from individuals over \$100 to statewide and								

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
1.915.00	0.00	

^{*} 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)]