

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 Kevin Durkin				Registration Number, if PAC	
Street Address 471 East Braod St. Suite 1100	Employer/Occupation/Labor Organization* Self-employed / Attorney		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Kasler				Registration Number, if PAC	
Street Address 33 E. Beaumont Rd	Employer/Occupation/Labor Organization* Columbus Department of P		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Richard Cordray				Registration Number, if PAC	
Street Address 4900 Grove City Rd	Employer/Occupation/Labor Organization* State of Ohio / Treasurer		M 1	D 0	Y 0
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ty Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization* Columbus Chamber of Cor		M 1	D 0	Y 0
City Columbus	State	Zip Code	Form(Cash,Check,etc)		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

1,915.00

Total expenditures this event

0.00

Page Total \$ 350.00