

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 Donald McTigue					Registration Number, if PAC		
Street Address 550 E. Walnut St.		Employer/Occupation/Labor Organization* McTigue Law Offices / Att		M 0	D 8	Y 0	Amount 35.00
City Columbus		State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ira B. Sully					Registration Number, if PAC		
Street Address 200 Reinhard Ave		Employer/Occupation/Labor Organization* State of Ohio / Attorney		M 0	D 8	Y 0	Amount 50.00
City Columbus		State O	Zip Code H 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Adam Friedman					Registration Number, if PAC		
Street Address 1784 Canvasback Lane		Employer/Occupation/Labor Organization* OH Media Strategies / Adr		M 0	D 8	Y 0	Amount 40.00
City Columbus		State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Fred Holdridge					Registration Number, if PAC		
Street Address 763 S. Third St.		Employer/Occupation/Labor Organization* Self Employed / Retail Sale		M 0	D 8	Y 0	Amount 100.00
City Columbus		State O	Zip Code H 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald McTigue					Registration Number, if PAC		
Street Address 550 E. Walnut St.		Employer/Occupation/Labor Organization* McTigue Law Offices / Att		M 0	D 8	Y 0	Amount 65.00
City Columbus		State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Todd Lucas					Registration Number, if PAC		
Street Address 415 E. Weber		Employer/Occupation/Labor Organization* Clear Channel Corp. / Sale		M 0	D 8	Y 0	Amount 23.47
City Columbus		State O	Zip Code H 43202	Form(Cash,Check,etc) Check			
Full Name of Contributor Bob McNamara					Registration Number, if PAC		
Street Address 5009 Claymill Dr.		Employer/Occupation/Labor Organization* Retired		M 0	D 8	Y 0	Amount 100.00
City Columbus		State O	Zip Code H 43026	Form(Cash,Check,etc) Cash			

* 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 \$ 413.47