

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 Channing and Associates					Registration Number, if PAC			
Street Address 510 E. Mound St., Suite 200		Employer/Occupation/Labor Organization*			M	D	Y	Amount
Columbus		State OH		Zip Code 43215	1	0	2	7
					Form(Cash,Check,etc) Check		100.00	
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State		Zip Code				

* 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

6,350.00

Total expenditures this event

0.00

Page Total \$ 100.00