

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 John and Kelli Hykes				Registration Number, if PAC	
Street Address 5372 Cherry Bud Ct.	Employer/Occupation/Labor Organization* City of Columbus / OH Tre		M 1	D 0	Y 7
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ohio Hotel PAC				Registration Number, if PAC OH 1127	
Street Address 692 N. High St., Suite 212	Employer/Occupation/Labor Organization*		M 1	D 0	Y 7
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Richard Colby				Registration Number, if PAC	
Street Address 8447 Tartan Fields	Employer/Occupation/Labor Organization* Colby and Company / Lob		M 1	D 0	Y 7
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Angela Suncire				Registration Number, if PAC	
Street Address 8978 Lago Lane	Employer/Occupation/Labor Organization* CareWorks / Team Superv		M 1	D 0	Y 7
City Lewis Center	State O	Zip Code 43035	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William Demora				Registration Number, if PAC	
Street Address 100 Warren ST.	Employer/Occupation/Labor Organization* League of Conservation Vo		M 1	D 0	Y 7
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Sexton				Registration Number, if PAC	
Street Address 9 Buttles Ave., Apt. 414	Employer/Occupation/Labor Organization* City of Columbus / Comm		M 1	D 0	Y 7
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Joyce Patton				Registration Number, if PAC	
Street Address 1856 Barrington Rd.	Employer/Occupation/Labor Organization* Tactical Edge Ltd./ Consul		M 1	D 0	Y 7
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00

* 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)]

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 \$ 700.00