Event Date	10/25/07
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full								
Friends for Ginther			In :		1			
Full Name of Contributor				Registration Number, if PAC				
Ted Lemmon	.		<u> </u>					
Street Address	1 ' ' '	ation/Labor Organization*	м 1 0	D 2 7	Y	Amount	A=0 00	
7833 County Brook Lane		Shelly Company / Vice Pre					250.00	
City	State	Zip Code	'	sh,Check	. ,			
Reynoldsburg	$O \mid H$	43068	Check					
Full Name of Contributor				Registration Number, if PAC				
GSP Ohio PAC	_		OH1			T		
Street Address	Employer/Occupa	M	D	Y	Amount			
155 East Broad St., Suite 900			1 0	2 7	0 7		250.00	
City	State	Zip Code		sh,Check				
Columbus	$O \mid H$	43215		Checl				
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Phil Rasor			M	D				
Street Address	1 ' '	Employer/Occupation/Labor Organization*			Y	Amount		
4265 Reedbury Lane		strong / Vice Pres		2 7	0 7		250.00	
City	State	Zip Code	,	sh,Check				
Columbus	$O \mid H$	43220		<u>Checl</u>				
Full Name of Contributor	·		Registra	tion Num	ber, if PA	AC		
Bryon Ringley						.,		
Street Address	1 1 1	ation/Labor Organization*	М	D	Y	Amount		
3958 East Bay Circle		gineers / Project M	1 0	2 7	0 7		125.00	
City	State	Zip Code	Form(Ca	ish,Checl	k,etc)			
Lewis Center	$O \mid H$	43035		Checl				
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Dennis Tinkler								
Street Address		ation/Labor Organization*	М	D	Y	Amount		
7699 Clear Creek Court		Hill / Vice Presiden		2 7			300.00	
City	State	Zip Code	,	ash,Checl				
Blacklick	$O \mid H$	43004		Checl				
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Thomas Tootle			L					
Street Address		ation/Labor Organization*	M	D	Y	Amount		
5971 Hildenboro Dr.		Thomas Tootle Law Offices			0 7	<u></u>	50.00	
City	State	Zip Code	Form(C	ash,Checl	, ,			
Dublin	$O \mid H$	43017		Checl				
Full Name of Contributor			_		ber, if PA	AC		
Columbus Firefighters Union Local 67	' PAC			LA 83				
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount		
1380 Dublin Rd., Suite 103	<u> </u>				0 7	<u></u>	250.00	
City	State	State Zip Code		Form(Cash,Check,etc)				
Columbus	$O \mid H$	43215		Checl	<u>k</u>			
	· · · · · · · · · · · · · · · · · · ·							

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 \$ 1.475.00

^{*} 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)]