Event Date	5/22/07
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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			Registration Number, if PAC			
Jayson Rogers						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
36 Winthrop Rd.	State of Ohio	0 5	2 5	0 7		40.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43214	Check	

Full Name of Contributor			Registration Number, if PAC			
Matthew J. Kelly						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
545 Bradley St.	Columbus State Comm. Co	0 5	2 5	0 7		40.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43201	Check	

Full Name of Contributor			Registration Number, if PAC			
B.J. Seckler						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
274 Westwood Rd.	City of Columbus / Deputy	0 5	2 5	0 7		50.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43214	Check	

Full Name of Contributor			Registration Number, if PAC			
Gregory C. Christie						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1573 S. High St.		0 5	2 5	0 7		35.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43207	Check	

Full Name of Contributor			Registration Number, if PAC			
Gloria McCauley						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
2628 N. Fourth St.	Bravo / Exec. Director	0 5	2 5	0 7		32.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43202	Check	

Full Name of Contributor			Registration Number, if PAC			
David K. Hull						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5689 Strathmore Lane	City of Columbus	0 5	2 5	0 7		32.00

City	State	Zip Code	Form(Cash,Check,etc)	
Dublin	O H	43017	Check	

Full Name of Contributor			Registration Number, if PAC			
William P. Demora						

Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
100 Warren St.	League of Conservative Vo	0 5	2 5	0 7		35.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	

* 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 $ 264.00