Event Date	10/16/07
Page	4

## 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									
Full Name of Contributor					Registration Number, if PAC				
Lisa Chambers									
Street Address	1	ation/Labor Organization*	M	D	Y	Amount	<b></b>		
927 Wilson Ave.		rps Ohio / State D		1 9			50.00		
City	State	Zip Code	Form(Ca						
Columbus	10 H	O H 43206			Check Registration Number, if PAC				
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC			
Ricky Redmon	In		M	D	10	I			
Street Address	1	Employer/Occupation/Labor Organization*			Y	Amount	<b>F</b> 0.00		
47 N. 20th St.	EDI, INC	EDI, Inc. / Engineer			0 7		50.00		
Columbus	1 **	Zip Code 43203	Form(Ca	Checl					
Columbus Full Name of Contributor	ОН	43203	Registrat			\C			
Patricia Barron			Registrat	HOH LAGIN	loc1, 11 1 <i>1</i>	10			
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount			
611 Overbrook	1	Teaching and Learning Col		1 9	_	E .	50.00		
City		State Zip Code		sh,Check			50.00		
Columbus	O H	43214	,	Checl	. ,				
Full Name of Contributor		10211	Registration Number, if PAC						
Anthony Eufinger									
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount			
7862 Meadowhaven Blvd	Capital 1	Capital Law School / Stude		1 9	0   7		50.00		
City	State	Zip Code	Form(Ca						
Columbus	O   H	43235		Checl	ς.				
Full Name of Contributor	···		Registration Number, if PAC						
Daphne Kackloudis		_							
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount			
708 Overbrook Dr.		Nationwide Children's Hos		1 9			50.00		
City	State	- · · ·		Form(Cash,Check,etc)					
Columbus	O   H	O H 43214		Check					
Full Name of Contributor				tion Num	AC				
Samantha Herd			M						
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount	=0.00		
1427 S. High ST.		United Way / Director of F		1 9			50.00		
City	State	Zip Code		sh,Check					
Columbus	O H 43207		Check Registration Number, if PAC						
Full Name of Contributor			Registrat	uon Num	ider, if Pa	AC			
Kostula Avradopoulos Street Address	IF	-4: π -1 Oi4:*	M	n	V	Amount			
		Employer/Occupation/Labor Organization* Re/Max / Realtor		D 1 9	$\begin{bmatrix} \mathbf{y} \\ 0 \end{bmatrix} 7$		50.00		
3573 Kinsale Head Dr.	Ke/Max State	/ Kealtor Zip Code	1 0				30.00		
City Columbus	1 1 77	1 -		Form(Cash,Check,etc) Check					
Columbus	I O H	±3221	<del>' '</del>	CHECI	`				
a control for a contribution of four individuals are a \$100 to atotax		didatas. If contributor is salf or	اله المديدة السما		tion and	the name of th			

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.

Page Total \$ 350 (	
	<u>)                                    </u>

<sup>\*</sup> 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)]