

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 Lisa Chambers					Registration Number, if PAC		
Street Address 927 Wilson Ave.		Employer/Occupation/Labor Organization* Tech Corps Ohio / State Di		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Ricky Redmon					Registration Number, if PAC		
Street Address 47 N. 20th St.		Employer/Occupation/Labor Organization* EDI, Inc. / Engineer		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43203	Form(Cash,Check,etc) Check			
Full Name of Contributor Patricia Barron					Registration Number, if PAC		
Street Address 611 Overbrook		Employer/Occupation/Labor Organization* Teaching and Learning Col		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Anthony Eufinger					Registration Number, if PAC		
Street Address 7862 Meadowhaven Blvd		Employer/Occupation/Labor Organization* Capital Law School / Stude		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Daphne Kackloudis					Registration Number, if PAC		
Street Address 708 Overbrook Dr.		Employer/Occupation/Labor Organization* Nationwide Children's Hos		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Samantha Herd					Registration Number, if PAC		
Street Address 1427 S. High ST.		Employer/Occupation/Labor Organization* United Way / Director of P		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor Kostula Avradopoulos					Registration Number, if PAC		
Street Address 3573 Kinsale Head Dr.		Employer/Occupation/Labor Organization* Re/Max / Realtor		M 1	D 0	Y 1	Amount 50.00
City Columbus	State O	H H	Zip Code 43221	Form(Cash,Check,etc) 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 \$ 350.00