Event Date	10/16/07
Page	10

Statement of Contributions Received at a Social or Fundraising Event

. <u></u>	Prescribed by Se	ecretary of State 3/05							
Name of Committee in Full			•						
Friends for Ginther									
Full Name of Contributor					Registration Number, if PAC				
Toshia Safford			М						
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount	100.00		
3451 Society Hill Court		Center for Healthy Familie		1 9			100.00		
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Columbus Full Name of Contributor	O H	O H 43219			Registration Number, if PAC				
Full Name of Contributor			Kegisua	iuon Nun	1001, 11 17	10			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
Succi Addiess	Employenceeu	pation Datoor Organization	1 "		ĺ	1 4410 4411			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
			,	,					
Full Name of Contributor			Registra	ation Nun	aber, if P	AC			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
					<u> </u>				
City	State	Zip Code	Form(C	Form(Cash,Check,etc)					
			Registration Number, if PAC						
Full Name of Contributor			Registra	ation Nun	nber, it Pa	AC			
Start Address	E-maleyea/Occur	F1/O			Y	Amount			
Street Address	EmployenOccu	Employer/Occupation/Labor Organization*		D	1 1	Amount			
City	State	Zip Code	Form(C	ash,Chec	k etc)				
City	1	Zip code	r orm(c	uon, chee	1,000)				
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC			
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount			
			1		1				
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
					_				
Full Name of Contributor			Registra	ation Nun	nber, if P	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				

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 \$	100.00
4.476.45	400.00		

^{*} 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)]