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			
Jason Pappas							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6097 Preve Ridge Dr.			0 7	0 1	0 8		33.00

City	State	Zip Code	Form(Cash,Check,etc)	
New Albany	O H	43054	check	

Full Name of Contributor				Registration Number, if PAC			
R. Michael Taylor							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1643 Demaret Lane			0 7	0 1	0 8		50.00

City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43228	check	

Full Name of Contributor				Registration Number, if PAC			
Barb Seckler							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
274 Westwood Rd.			0 7	0 1	0 8		50.00

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

Full Name of Contributor				Registration Number, if PAC			
Matthew Young							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5381 Drumcally Lane			0 7	0 1	0 8		75.00

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

Full Name of Contributor				Registration Number, if PAC			
S. Dean Ramsey							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4645 Pepperwood Lane			0 7	0 1	0 8		75.00

City	State	Zip Code	Form(Cash,Check,etc)	
Clarence	O H	14031	check	

Full Name of Contributor				Registration Number, if PAC			
James Hess							

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6201 Heritage Lakes Dr.			0 7	0 1	0 8		75.00

City	State	Zip Code	Form(Cash,Check,etc)	
Hilliard	O H	43026	check	

Full Name of Contributor				Registration Number, if PAC			
AT&T Inc. Ohio Employee PAC				C00377044			

Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
150 East Gay Street Room 4A			0 7	0 1	0 8		75.00

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 $ 433.00