

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>					
Full Name of Contributor <b>Hannah Jones</b>				Registration Number, if PAC	
Street Address <b>7091 Gallant Fox Dr.</b>		Employer/Occupation/Labor Organization* <b>City of Columbus / Office</b>		M   D   Y <b>1   0   1   9   0   7</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Rory McGuinness</b>				Registration Number, if PAC	
Street Address <b>1239 Lakeshore Dr, Unit B</b>		Employer/Occupation/Labor Organization* <b>Coleman for Columbus / F</b>		M   D   Y <b>1   0   1   9   0   7</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Robert Meyer, Jr</b>				Registration Number, if PAC	
Street Address <b>671 Vivian Ct.</b>		Employer/Occupation/Labor Organization* <b>Attorney / Porter, Wright,</b>		M   D   Y <b>1   0   1   9   0   7</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Alyssa Grovemiller</b>				Registration Number, if PAC	
Street Address <b>65 Lakeview Ave.</b>		Employer/Occupation/Labor Organization* <b>Ohio CASA/GAL Associat</b>		M   D   Y <b>1   0   1   9   0   7</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43202</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Eric Prall</b>				Registration Number, if PAC	
Street Address <b>5632 Barney Lane</b>		Employer/Occupation/Labor Organization* <b>Butler Wick / Investment B</b>		M   D   Y <b>1   0   1   9   0   7</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>James Daley</b>				Registration Number, if PAC	
Street Address <b>4300 Dublin Rd.</b>		Employer/Occupation/Labor Organization* <b>Self-Employed</b>		M   D   Y <b>1   0   1   9   0   7</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Joel Riter</b>				Registration Number, if PAC	
Street Address <b>915 Aintree Park Dr., Apt. 103</b>		Employer/Occupation/Labor Organization* <b>The Coleman Group / Cor</b>		M   D   Y <b>1   0   1   9   0   1</b>	Amount <b>35.00</b>
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44143</b>	Form(Cash,Check,etc) <b>Check</b>		

\* 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 \$ 225.00