

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 Columbus Firefighters Union Local 67 PAC Fund			Registration Number, if PAC LA 839	
Street Address 1380 Dublin Rd., Suite 103	Employer/Occupation/Labor Organization* 		M D Y 0 5 2 5 0 7	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Daphne L. Kackloudis			Registration Number, if PAC 	
Street Address 708 Overbrook Dr.	Employer/Occupation/Labor Organization* Childrens Hospital / Gover		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Grayson L. Atha			Registration Number, if PAC 	
Street Address 1337 Neil Ave.	Employer/Occupation/Labor Organization* Retired		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 432201	Form(Cash,Check,etc) Check	
Full Name of Contributor David E. Black			Registration Number, if PAC 	
Street Address 3714 Seaford Dr.	Employer/Occupation/Labor Organization* Fifth Third Corp. / Public H		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew O. Eribo			Registration Number, if PAC 	
Street Address 4636 Carrington Way	Employer/Occupation/Labor Organization* Ribway Engineering Group		M D Y 0 5 2 5 0 7	Amount 100.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor John E. Salo			Registration Number, if PAC 	
Street Address 291 Marlborough St.	Employer/Occupation/Labor Organization* Brown & Caldwell / VP		M D Y 0 5 2 5 0 7	Amount 100.00
City Boston	State M A	Zip Code 02116	Form(Cash,Check,etc) Check	
Full Name of Contributor Larry Price			Registration Number, if PAC 	
Street Address 1587 Franklin Park S.	Employer/Occupation/Labor Organization* Larry Price and Associates		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43205	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 \$ 800.00