

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

Prescribed by Secretary of State 3/05

|  |                       |   |  |  |                         |
|--|-----------------------|---|--|--|-------------------------|
| Name of Committee in Full<br><b>Friends for Ginther</b>  |                       |   |  |  |                         |
| Full Name of Contributor<br><b>Columbus Sheet Metal Workers Committee on Political Education</b> |                       |   |  | Registration Number, if PAC<br><b>OH1053</b> |                         |
| Street Address<br><b>3035 Lamb Ave.</b>  |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>500.00</b> |
| City<br><b>Columbus Sheet Metal Workers Comm</b>   | State<br><b>O   H</b> | Zip Code<br><b>43219</b>                |  | Form(Cash, Check, etc)<br><b>Check</b>       |                         |
| Full Name of Contributor<br><b>Marlene Robbins</b>   |                       |   |  | Registration Number, if PAC                  |                         |
| Street Address<br><b>2320 Berwick Blvd.</b>  |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>77.00</b>  |
| City<br><b>Columbus</b>  | State<br><b>O   H</b> | Zip Code<br><b>43209</b>                |  | Form(Cash, Check, etc)<br><b>Check</b>       |                         |
| Full Name of Contributor<br><b>Karen Mughan</b>  |                       |   |  | Registration Number, if PAC                  |                         |
| Street Address<br><b>1340 Highland St.</b>   |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>120.00</b> |
| City<br><b>Columbus</b>  | State<br><b>O   H</b> | Zip Code<br><b>43201</b>                |  | Form(Cash, Check, etc)<br><b>Check</b>       |                         |
| Full Name of Contributor<br><b>Erik Roush</b>  |                       |   |  | Registration Number, if PAC                  |                         |
| Street Address<br><b>9013 Lago Lane</b>  |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>32.00</b>  |
| City<br><b>Lewis Center</b>  | State<br><b>O   H</b> | Zip Code<br><b>43035</b>                |  | Form(Cash, Check, etc)<br><b>Check</b>       |                         |
| Full Name of Contributor<br><b>Mike Sexton</b>   |                       |   |  | Registration Number, if PAC                  |                         |
| Street Address<br><b>9 Buttles Ave</b>   |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>50.00</b>  |
| City<br><b>Columbus</b>  | State<br><b>O   H</b> | Zip Code<br><b>43215</b>                |  | Form(Cash, Check, etc)<br><b>Check</b>       |                         |
| Full Name of Contributor<br><b>Robert Hockenberger, Jr.</b>                                      |                       |   |  | Registration Number, if PAC                  |                         |
| Street Address<br><b>8612 Appleridge Circle NW</b>   |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>50.00</b>  |
| City<br><b>Pickerington</b>  | State<br><b>O   H</b> | Zip Code<br><b>43147</b>                |  | Form(Cash, Check, etc)<br><b>Check</b>       |                         |
| Full Name of Contributor<br><b>Edwin and Sharon Kirby</b>  |                       |   |  | Registration Number, if PAC                  |                         |
| Street Address<br><b>4393 Colerain Ave</b>   |                       | Employer/Occupation/Labor Organization* |  | M   D   Y<br><b>0   8   0   1   0   7</b>    | Amount<br><b>35.00</b>  |
| City<br><b>Columbus</b>  | State<br><b>O   H</b> | Zip Code<br><b>43214</b>                |  | Form(Cash, Check, etc)<br><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 \$ 864.00