

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 Robert J. Weiler			Registration Number, if PAC	
Street Address 41 S. High St., Suite 1010	Employer/Occupation/Labor Organization* Robert Weiler Co. / Develo		M D Y 0 6 2 7 0 7	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert H. Jeffrey			Registration Number, if PAC	
Street Address 296 Ashbourne Place	Employer/Occupation/Labor Organization* Jeffrey Co. / Chairman		M D Y 0 6 2 7 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Kevin L. Boyce for Columbus City Council Committee			Registration Number, if PAC	
Street Address 250 West St. Suite 700	Employer/Occupation/Labor Organization*		M D Y 0 6 2 7 0 7	Amount 1,000.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Lawrence Turner			Registration Number, if PAC	
Street Address 6726 Grosvenor Place	Employer/Occupation/Labor Organization* RW Armstrong / Consultant		M D Y 0 6 2 7 0 7	Amount 250.00
City Indianapolis	State I N	Zip Code 46220	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark R. Wilson			Registration Number, if PAC	
Street Address 3500 Fairway Commons Dr.	Employer/Occupation/Labor Organization* Blue Wilson + Blue / Attorney		M D Y 0 6 2 7 0 7	Amount 250.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Franz A. Geiger			Registration Number, if PAC	
Street Address 7447 Alpath Rd.	Employer/Occupation/Labor Organization* NP Limited Partnership / I		M D Y 0 6 2 7 0 7	Amount 250.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Mo Dioun			Registration Number, if PAC	
Street Address 6965 Clivdon Mews	Employer/Occupation/Labor Organization* Stonehenge Co. / Developer		M D Y 0 6 2 7 0 7	Amount 250.00
City New Albany	State O H	Zip Code 43054	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 \$ 2,600.00