

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 W. Campbell				Registration Number, if PAC	
Street Address 2341 River Rd.	Employer/Occupation/Labor Organization* Trans Systems / Consultant		M 0	D 5	Y 07
City Delaware	State O	Zip Code 43015	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mark S. Froehlich				Registration Number, if PAC	
Street Address 576 Main St.	Employer/Occupation/Labor Organization* Urban Growth		M 0	D 5	Y 07
City Groveport	State O	Zip Code 43125	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Norman Gadzinski				Registration Number, if PAC	
Street Address 259 Glenshire Lane	Employer/Occupation/Labor Organization* MWH / VP Midwest Region		M 0	D 5	Y 07
City Medina	State O	Zip Code 44256	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Todd A. Lucas				Registration Number, if PAC	
Street Address 415 E. Weber Rd.	Employer/Occupation/Labor Organization* Clear Channel / Sales		M 0	D 5	Y 07
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mary Ann Potter Lewis				Registration Number, if PAC	
Street Address 868 Lynbrook Rd.	Employer/Occupation/Labor Organization* First Community Bank / Financial		M 0	D 5	Y 07
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Marc A. Armstrong				Registration Number, if PAC	
Street Address 1089 Folkestone Rd.	Employer/Occupation/Labor Organization* OH Rural Electric Cooperative		M 0	D 5	Y 07
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Samantha L. Herd				Registration Number, if PAC	
Street Address 1427 South High St.	Employer/Occupation/Labor Organization* United Way / Director of Program		M 0	D 5	Y 07
City Columbus	State O	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 500.00