Event Date	10/25/07
Page	2

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05					
Name of Committee in Full							
Friends for Ginther							
Full Name of Contributor			Registration Number, if PAC				
Steven Farrell							
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
848 S. Third St.		United Way / Assistant Dir		2 7			250.00
City	State	Zip Code	,	sh,Check			
Columbus	OH	43206		Checl			
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC	
Gregory Finnerty							
Street Address	1	ation/Labor Organization*	M	D	Y	Amount	
6013 Round Tower Lane		oloyed/ Attorney		2 7			500.00
City	State	Zip Code		sh,Check			
Columbus	O H	43017		Checl			
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC	
Cyndy Garn							
Street Address	1	ation/Labor Organization*	M	D	Y	Amount	
5155 Portland		Area North District	$1 \mid 0$		0 7		100.00
City	State	Zip Code	(-	sh,Check	′ ′		
Columbus	O H	43220		<u>Checl</u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
James Hess	·		М				
Street Address	1	Employer/Occupation/Labor Organization*		D	Y	Amount	=0.00
6201 Heritage Lakes Dr.		Messer Construction Comp		2 7	0 7		50.00
City	State	Zip Code		sh,Check			
Hilliard	0 H	O H 43026		Check Registration Number, if P.			
Full Name of Contributor			Registra	tion Num	iber, if PA	AC	
Tom Jedlinsky			M			 	
Street Address	1	Employer/Occupation/Labor Organization*		D	Y	Amount	5 0.00
825 Retreat Lane		Camp Dresser McKee / Cli		2 7			50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Powell	O H	43065	Check Registration Number, if PA				
Full Name of Contributor			Registra	tion Num	iber, if PA	AC	
John Keeny						r:	
Street Address	1	ation/Labor Organization*	M	D	Y	Amount	= 0.00
358 King Ave.		Self-Employed/Pastor		2 7			50.00
City	State	Zip Code		ash,Checl			
Columbus	OH	43201		Checl			
Full Name of Contributor			Registra	tion Num	nber, if Pa	AC	
Jeff Lauria			M	I 5	1 4-	Ti.	
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
1745 White Oaks Dr.		Malcolm Pirnie / Regional		2 7			250.00
City	ł	State Zip Code		Form(Cash,Check,etc)			
Delaware	ОН	43015		Checl	K		

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 \$1.250.00

^{*} 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)]