

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 Donald Armour, Jr.					Registration Number, if PAC		
Street Address 660 Busch Blvd, Suite 100		Employer/Occupation/Labor Organization* FSM Engineers / Office Ma		M 1	D 0	Y 2	Amount 125.00
City Columbus		State O	H H	Zip Code 43229		Form(Cash,Check,etc) Check	
Full Name of Contributor Grayson Atha					Registration Number, if PAC		
Street Address 1337 Neil Ave.		Employer/Occupation/Labor Organization* Retired / Pastor		M 1	D 0	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43201		Form(Cash,Check,etc) Check	
Full Name of Contributor Fifth Third Bancorp PAC					Registration Number, if PAC # C00290502		
Street Address 3886 North High St.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 2,500.00
City Columbus		State O	H H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Kate Carus					Registration Number, if PAC		
Street Address 113 E. Kanawha Dr.		Employer/Occupation/Labor Organization* Camp Dresser McKee / Tec		M 1	D 0	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Clancy					Registration Number, if PAC		
Street Address 7585 N Goodrich Square		Employer/Occupation/Labor Organization* Acree Daily / Security		M 1	D 0	Y 2	Amount 250.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) Check	
Full Name of Contributor Curtis Davis					Registration Number, if PAC		
Street Address 1664 Bryden Rd.		Employer/Occupation/Labor Organization* Self -Employed / President		M 1	D 0	Y 2	Amount 250.00
City Columbus		State O	H H	Zip Code 43205		Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew Eribo					Registration Number, if PAC		
Street Address 4636 Carrington Way		Employer/Occupation/Labor Organization* Ribway Engineering / Pres		M 1	D 0	Y 2	Amount 250.00
City Hilliard		State O	H H	Zip Code 43026		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 \$ 3,525.00