

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 Bill R. Hedrick, Esq.			Registration Number, if PAC	
Street Address 838 Thurber Dr. West, Apt. 22	Employer/Occupation/Labor Organization* City of Columbus / Attorn		M D Y 0 5 2 5 0 7	Amount 32.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor GSP OHIO PAC			Registration Number, if PAC OH1301	
Street Address 511 Union St.	Employer/Occupation/Labor Organization* Multicandidate Committee		M D Y 0 5 2 5 0 7	Amount 500.00
City Nashville	State T N	Zip Code 37219	Form(Cash,Check,etc) Check	
Full Name of Contributor Antoinette Wilson			Registration Number, if PAC	
Street Address 3500 Fairway Commons	Employer/Occupation/Labor Organization* Triumph Communications		M D Y 0 5 2 5 0 7	Amount 50.00
City Westerville	State O H	Zip Code 43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Otto Beatty, Jr.			Registration Number, if PAC	
Street Address 233 S. High St.	Employer/Occupation/Labor Organization* Otto Beatty Jr. and Associat		M D Y 0 5 2 5 0 7	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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
3,841.00

Total expenditures this event
500.00

Page Total \$ 632.00