

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 Edwin Hogan				Registration Number, if PAC			
Street Address 2727 Mitzi Dr.		Employer/Occupation/Labor Organization* NVG/President		M 0	D 7	Y 0	Amount 250.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor NISOURCE Inc. PAC				Registration Number, if PAC C00061979			
Street Address 200 Civic Center Dr.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 0	Amount 250.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Greg Otley				Registration Number, if PAC			
Street Address 5118 Canterbury Dr.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 0	Amount 200.00
City Powell		State O	H H	Zip Code 43065		Form(Cash,Check,etc) check	
Full Name of Contributor James Linthicum				Registration Number, if PAC			
Street Address 8760 Stoneridge Ct.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 0	Amount 200.00
City Pickerington		State O	H H	Zip Code 43147		Form(Cash,Check,etc) check	
Full Name of Contributor Ronald Dixon				Registration Number, if PAC			
Street Address 1018 Putney Dr.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 0	Amount 100.00
City Worthington		State O	H H	Zip Code 43085		Form(Cash,Check,etc) check	
Full Name of Contributor James Singeltary				Registration Number, if PAC			
Street Address 6829 Glengarry Ct.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 0	Amount 100.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Michael Frommer				Registration Number, if PAC			
Street Address 3657 Waterbury Lane		Employer/Occupation/Labor Organization*		M 0	D 7	Y 0	Amount 100.00
City Powell		State O	H H	Zip Code 43065		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 \$ 1,200.00