

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 H. Lee Thompson			Registration Number, if PAC	
Street Address 85 East Gay ST., Suite 810	Employer/Occupation/Labor Organization* The Thompson Law Firm /		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Evelyn M. Sabino			Registration Number, if PAC	
Street Address 5470 Riverbrook Dr.	Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Penny Tipps			Registration Number, if PAC	
Street Address 6641 Sunbury Rd.	Employer/Occupation/Labor Organization* State Street Consultants / C		M D Y 0 5 2 5 0 7	Amount 100.00
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check	
Full Name of Contributor David C. Hetzler			Registration Number, if PAC	
Street Address 6121 Huntley Rd.	Employer/Occupation/Labor Organization* DLZ / Business Developme		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Sean A. Mentel			Registration Number, if PAC	
Street Address 1629 Elmwood Ave.	Employer/Occupation/Labor Organization* The Law Offices of Sean Me		M D Y 0 5 2 5 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Karl Brazauskas			Registration Number, if PAC	
Street Address 76 Stagecoach Rd.	Employer/Occupation/Labor Organization* Metcalf & Eddy Aecom / V		M D Y 0 5 2 5 0 7	Amount 100.00
City Woodbury	State C T	Zip Code 06798	Form(Cash,Check,etc) Check	
Full Name of Contributor Nirmal R. Sinha			Registration Number, if PAC	
Street Address 6470 Meadowbrook Circle	Employer/Occupation/Labor Organization* City of Columbus - Dept. o		M D Y 0 5 2 5 0 7	Amount 100.00
City Worthington	State O H	Zip Code 43085	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 \$ 700.00