

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 Francis Alberty				Registration Number, if PAC			
Street Address 2281 Lane Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Matthew Baldwin							
Street Address 13 Kail Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43207	Form(Cash,Check,etc) check			
Full Name of Contributor Gloria McCauley							
Street Address 2628 N. Fourth St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43202	Form(Cash,Check,etc) check			
Full Name of Contributor Chris Cozad							
Street Address 2628 N. Fourth St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43202	Form(Cash,Check,etc) check			
Full Name of Contributor Russ Goodwin							
Street Address 103 E. First Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43201	Form(Cash,Check,etc) check			
Full Name of Contributor Ira and Nancy Sully							
Street Address 200 Reinhard Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name of Contributor Eileen Paley							
Street Address 668 Bellamy Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City Columbus		State O H	Zip Code 43213	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 \$ 231.00