

Event Date	3/27/08
Page	1

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 Michael Welch					Registration Number, if PAC			
Street Address 195 Sylvan Dr.		Employer/Occupation/Labor Organization* Metcalf & Eddy Aecom / S			M	D	Y	Amount
					0	3	2	50.00
City Delaware		State O H	Zip Code 43015		Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Witwer					Registration Number, if PAC			
Street Address 1050 Thorndale Dr.		Employer/Occupation/Labor Organization* Metcalf & Eddy Aecom / Pl			M	D	Y	Amount
					0	3	2	75.00
City Akron		State O H	Zip Code 44320		Form(Cash,Check,etc) Check			
Full Name of Contributor Gary Baker					Registration Number, if PAC			
Street Address 2142 Staghorn Way		Employer/Occupation/Labor Organization* Huntington Bank / Trust S			M	D	Y	Amount
					0	3	2	100.00
City Grove City		State O H	Zip Code 43123		Form(Cash,Check,etc) Check			
Full Name of Contributor Karl Brazauskas					Registration Number, if PAC			
Street Address 78 Stagecoach Rd.		Employer/Occupation/Labor Organization* Metcalf & Eddy Aecom / V			M	D	Y	Amount
					0	3	2	125.00
City Woodbury		State C T	Zip Code 06798		Form(Cash,Check,etc) Check			
Full Name of Contributor Matt Tin					Registration Number, if PAC			
Street Address 2597 Coltsbridge Dr.		Employer/Occupation/Labor Organization* Stantec Consulting / Vice P			M	D	Y	Amount
					0	3	2	250.00
City Lewis Center		State O H	Zip Code 43035		Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Council					Registration Number, if PAC			
Street Address 108 Buttles Ave.		Employer/Occupation/Labor Organization* Real Esate Investments / D			M	D	Y	Amount
					0	3	2	250.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Wayne Wirth					Registration Number, if PAC			
Street Address 438 Trail West		Employer/Occupation/Labor Organization* Triumph Communications			M	D	Y	Amount
					0	3	2	250.00
City Pataskala		State O H	Zip Code 43062		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 \$ 1,100.00