

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 George Sicaris				Registration Number, if PAC	
Street Address 2460 High Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) check		Amount 75.00
Full Name of Contributor Larry Price				Registration Number, if PAC	
Street Address 1587 Franklin Park S.	Employer/Occupation/Labor Organization* Larry Price and Assoc.		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Dawn Tyler Lee				Registration Number, if PAC	
Street Address 2574 Dover Rd.	Employer/Occupation/Labor Organization* The Ohio State University		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Norma Ginther				Registration Number, if PAC	
Street Address 1199 Highland St.	Employer/Occupation/Labor Organization* Institute for Human Services		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Ohio Hotel PAC				Registration Number, if PAC OH1127	
Street Address 692 N. High Street Suite 212	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Greg Finnerty				Registration Number, if PAC	
Street Address 6013 Round Tower Lane	Employer/Occupation/Labor Organization* attorney		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43017	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor William Conner				Registration Number, if PAC	
Street Address 250 East Sycamore St.	Employer/Occupation/Labor Organization* Columbus Assn. for the Perf		M 0	D 7	Y 08
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check		Amount 100.00

* 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 \$ 675.00