

FILED

Ohio Campaign Finance Report

09 JAN 29 AM 11: 55

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends for Ginther							Registration Number, if PAC			
Full Name of Candidate Andrew J. Ginther										
Street Address 98 Montrose Way					Office Sought City Council			District At Large		
City Columbus						State O H		Zip Code 43214		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		X	Annual Year 2008
	July Monthly		August Monthly		September Monthly		Termination			Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M 1	D 1	Y 0	6	0 7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 1,924.68
2. Total monetary contributions (From Form No. 31-A)	\$ 19,124.75
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 21,049.43
5. Total monetary expenditures (From Form No. 31-B)	\$ 20,232.98
6. Balance on hand (line 4 minus line 5)	\$ 816.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 3,805.86
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Jane M. O'Shaughnessy, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Jane M. O'Shaughnessy

Date

1/29/09

Contribution pages 13

Expenditure pages 10

Other pages 1

Total pages 24

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther						
Full Name of Contributor Matthew Kelly				Registration Number, if PAC		
Street Address 545 Bradley Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43201	M 0 6	D 3 0	Y 0 8	Amount 35.00
Full Name of Contributor Fraternal Order of Police Lodge 9				Registration Number, if PAC		
Street Address 6800 Shrock Hill Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43229	M 0 6	D 2 7	Y 0 8	Amount 250.00
Full Name of Contributor Tobias Iloka				Registration Number, if PAC		
Street Address 6677 Spring Run Dr.		Employer/Occupation/Labor Organization* Drynotech/President			Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43082	M 0 7	D 0 2	Y 0 8	Amount 1,000.00
Full Name of Contributor Laurence Ruben				Registration Number, if PAC		
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization* Plaza Properties			Form (Cash, Check, etc.) check	
City Bexley	State O H	Zip Code 43209	M 0 6	D 3 0	Y 0 8	Amount 250.00
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC		
Street Address 535 West First Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 7	Y 0 8	Amount 33.00
Full Name of Contributor John Igel				Registration Number, if PAC		
Street Address 2040 Alum Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43207	M 0 7	D 0 8	Y 0 8	Amount 75.00
Full Name of Contributor Carol M. Burgett				Registration Number, if PAC		
Street Address 8870 Ridge Road		Employer/Occupation/Labor Organization* Kokosing Construction Co./President			Form (Cash, Check, etc.) check	
City Fredricktown	State O H	Zip Code 43019	M 0 6	D 3 0	Y 0 8	Amount 1,000.00
Full Name of Contributor Jeffrey Edwards				Registration Number, if PAC		
Street Address 495 S. High Street Suite 150		Employer/Occupation/Labor Organization* Edwards Company/President			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 1	Y 0 8	Amount 500.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Matthew Ferris				Registration Number, if PAC			
Street Address 2036 Berkshire Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 7	D 0 7	Y 0 8	Amount 75.00	
Full Name of Contributor Edward Ferris				Registration Number, if PAC			
Street Address 1959 Collingswood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O H	Zip Code 43221	M 0 6	D 1 8	Y 0 8	Amount 75.00	
Full Name of Contributor Nationwide Better Citizenship Fund				Registration Number, if PAC OH 259			
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 9	Y 0 8	Amount 250.00	
Full Name of Contributor Wiles, Boyle, Burkholder & Bringardner				Registration Number, if PAC			
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization* law firm			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 1 4	Y 0 8	Amount 250.00	
Full Name of Contributor Ohio Democratic Party				Registration Number, if PAC			
Street Address 340 E. Fulton Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 0	Y 0 8	Amount 2,500.00	
Full Name of Contributor William Scala				Registration Number, if PAC			
Street Address 700 Home Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44310	M 0 8	D 2 0	Y 0 8	Amount 250.00	
Full Name of Contributor Paul Scala				Registration Number, if PAC			
Street Address 700 Home Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Akron	State O H	Zip Code 44310	M 0 8	D 2 0	Y 0 8	Amount 250.00	
Full Name of Contributor John Igel				Registration Number, if PAC			
Street Address 2040 Alum Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43207	M 0 8	D 2 8	Y 0 8	Amount 300.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther						
Full Name of Contributor PolicyWorks LLC				Registration Number, if PAC		
Street Address 155 W. Main Street Suite 1704		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 9	Y 0 8	Amount 500.00
Full Name of Contributor James Bunsey				Registration Number, if PAC		
Street Address 5377 Rustic Hills West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Medina	State O H	Zip Code 44258	M 0 9	D 2 9	Y 0 8	Amount 1,000.00
Full Name of Contributor Joseph Rose				Registration Number, if PAC		
Street Address 22 W. 26th Street 11th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New York	State N Y	Zip Code 10010	M 1 0	D 0 3	Y 0 8	Amount 2,000.00
Full Name of Contributor Civil Engineers for a Civil Government				Registration Number, if PAC		
Street Address 12855 Wheaton Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Pickerington	State O H	Zip Code 43147	M 1 0	D 0 3	Y 0 8	Amount 1,000.00
Full Name of Contributor Brian P. Kinzelman				Registration Number, if PAC		
Street Address 4200 Randmore Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Upper Arlington	State O H	Zip Code 43220	M 1 0	D 1 7	Y 0 8	Amount 200.00
Full Name of Contributor NISOURCE Inc.				Registration Number, if PAC PAC C00061979		
Street Address 200 Civic Center Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 3 0	Y 0 8	Amount 250.00
Full Name of Contributor Columbus Apartment Association				Registration Number, if PAC PAC #OH 146		
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 1	D 2 2	Y 0 8	Amount 500.00
Full Name of Contributor Wayne A. Garland				Registration Number, if PAC		
Street Address 492 Windwillow Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Powell	State O H	Zip Code 43065	M 1 1	D 2 2	Y 0 8	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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther						
Full Name of Contributor Frank Cipriano				Registration Number, if PAC		
Street Address PO Box 2168		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43216	M 1 2	D 0 4	Y 0 8	Amount 250.00
Full Name of Contributor Hasan R. Alkhayri				Registration Number, if PAC		
Street Address 10788 Brettridge Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) online	
City Powell	State O H	Zip Code 43065	M 0 7	D 1 5	Y 0 8	Amount 120.00
Full Name of Contributor Transfer from 31-A-1 IAFF Fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 7	D 0 1	Y 0 8	Amount 6,105.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther						
Full Name Chase Bank				Registration Number, if PAC		
Address PO Box 260180	Type* R E		M 0 8	D 1 9	Y 0 8	Amount 6.75
City Baton Rouge	State L A	Zip Code 70826	Form(Cash,Check,etc) ETF			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

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						Registration Number, if PAC	
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						Registration Number, if PAC	
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						Registration Number, if PAC	
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						Registration Number, if PAC	
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						Registration Number, if PAC	
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						Registration Number, if PAC	
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						Registration Number, if PAC	
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

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 Jason Pappas				Registration Number, if PAC			
Street Address 6097 Preve Ridge Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	33.00
City New Albany		State O H	Zip Code 43054	Form(Cash,Check,etc) check			
Full Name of Contributor R. Michael Taylor				Registration Number, if PAC			
Street Address 1643 Demaret Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	50.00
City Columbus		State O H	Zip Code 43228	Form(Cash,Check,etc) check			
Full Name of Contributor Barb Seckler				Registration Number, if PAC			
Street Address 274 Westwood Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) check			
Full Name of Contributor Matthew Young				Registration Number, if PAC			
Street Address 5381 Drumcally Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	75.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor S. Dean Ramsey				Registration Number, if PAC			
Street Address 4645 Pepperwood Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	75.00
City Clarence		State O H	Zip Code 14031	Form(Cash,Check,etc) check			
Full Name of Contributor James Hess				Registration Number, if PAC			
Street Address 6201 Heritage Lakes Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	75.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) check			
Full Name of Contributor AT&T Inc. Ohio Employee PAC				Registration Number, if PAC C00377044			
Street Address 150 East Gay Street Room 4A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	75.00
City Columbus		State O H	Zip Code 43215	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 \$ 433.00

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				Registration Number, if PAC			
Full Name of Contributor George Sicaris				Registration Number, if PAC			
Street Address 2460 High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43202	0	7	0	75.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Larry Price				Registration Number, if PAC			
Street Address 1587 Franklin Park S.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43205	0	7	0	100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Dawn Tyler Lee				Registration Number, if PAC			
Street Address 2574 Dover Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43209	0	7	0	100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Norma Ginther				Registration Number, if PAC			
Street Address 1199 Highland St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43201	0	7	0	100.00
				Form(Cash,Check,etc) check			
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	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	7	0	100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor Greg Finnerty				Registration Number, if PAC			
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43017	0	7	0	100.00
				Form(Cash,Check,etc) check			
Full Name of Contributor William Conner				Registration Number, if PAC			
Street Address 250 East Sycamore St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43206	0	7	0	100.00
				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 \$ 675.00

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 Robert Shoaf				Registration Number, if PAC	
Street Address 4748 Donegal Cliffs Dr.		Employer/Occupation/Labor Organization* URS		M D Y 0 7 0 1 0 8	Amount 100.00
City Dublin		State Zip Code O H 43017		Form(Cash,Check,etc) check	
Full Name of Contributor Stephen Henson					
Street Address 5404 Grand Ridge Dr.				Registration Number, if PAC	
City Galena		Employer/Occupation/Labor Organization* URS		M D Y 0 7 0 1 0 8	Amount 100.00
City Galena		State Zip Code O H 43201		Form(Cash,Check,etc) check	
Full Name of Contributor Kerry Hogan					
Street Address 13539 Old Gate Dr.				Registration Number, if PAC	
City Pickerington		Employer/Occupation/Labor Organization* URS		M D Y 0 7 0 1 0 8	Amount 100.00
City Pickerington		State Zip Code O H 43147		Form(Cash,Check,etc) check	
Full Name of Contributor Tom Jedlinsky					
Street Address 825 Retreat Lane				Registration Number, if PAC	
City Powell		Employer/Occupation/Labor Organization* Camp Dresser McKee		M D Y 0 7 0 1 0 8	Amount 250.00
City Powell		State Zip Code O H 43065		Form(Cash,Check,etc) check	
Full Name of Contributor Kate Carus					
Street Address 113 E. Kanawha Ave.				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization* Camp Dresser McKee		M D Y 0 7 0 1 0 8	Amount 150.00
City Columbus		State Zip Code O H 43214		Form(Cash,Check,etc) check	
Full Name of Contributor Brian Young					
Street Address 3252 Kropp Rd.				Registration Number, if PAC	
City Grove City		Employer/Occupation/Labor Organization* Camp Dresser McKee		M D Y 0 7 0 1 0 8	Amount 50.00
City Grove City		State Zip Code O H 43123		Form(Cash,Check,etc) check	
Full Name of Contributor Jerome Madigan					
Street Address 635 Myrtle St. NE				Registration Number, if PAC	
City Atlanta		Employer/Occupation/Labor Organization* Brown and Caldwell		M D Y 0 7 0 1 0 8	Amount 250.00
City Atlanta		State Zip Code G A 30308		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 \$ 1,000.00

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 D Y 0 7 0 1 0 8	Amount 250.00
City Columbus	State O 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 D Y 0 7 0 1 0 8	Amount 250.00
City Columbus	State O 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* URS		M D Y 0 7 0 1 0 8	Amount 200.00
City Powell	State O 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* URS		M D Y 0 7 0 1 0 8	Amount 200.00
City Pickerington	State O 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* URS		M D Y 0 7 0 1 0 8	Amount 100.00
City Worthington	State O 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* URS		M D Y 0 7 0 1 0 8	Amount 100.00
City Columbus	State O 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* URS		M D Y 0 7 0 1 0 8	Amount 100.00
City Powell	State O 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

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						Registration Number, if PAC	
Full Name of Contributor Jeffrey Sharon						Registration Number, if PAC	
Street Address 4530 Langport Rd.		Employer/Occupation/Labor Organization* Brown and Caldwell		M	D	Y	Amount
				0	7	0	250.00
City Upper Arlington		State O H	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Alex Grebelsky						Registration Number, if PAC	
Street Address 358 Northview Dr.		Employer/Occupation/Labor Organization* Brown and Caldwell		M	D	Y	Amount
				0	7	0	250.00
City Bexley		State O H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Sean Mentel						Registration Number, if PAC	
Street Address 1629 Elmwood Ave.		Employer/Occupation/Labor Organization* The Law Offices of Sean Men		M	D	Y	Amount
				0	7	0	250.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) check			
Full Name of Contributor Rajesh Lahoti						Registration Number, if PAC	
Street Address 110 Buttles Ave.		Employer/Occupation/Labor Organization* Arms Properties		M	D	Y	Amount
				0	7	0	250.00
City Columbus		State O h	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Michael Council						Registration Number, if PAC	
Street Address 108 Buttles Ave.		Employer/Occupation/Labor Organization* Arms Properties		M	D	Y	Amount
				0	7	0	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor GSP Ohio PAC						Registration Number, if PAC	
Street Address 511 Union Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	0	250.00
City Nashville		State T N	Zip Code 37219	Form(Cash,Check,etc) check			
Full Name of Contributor Thomas Kurtz						Registration Number, if PAC	
Street Address 6345 Evergreen Dr.		Employer/Occupation/Labor Organization* Kurtz Brothers		M	D	Y	Amount
				0	7	0	250.00
City Independence		State O H	Zip Code 44131	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 \$ 1,750.00

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					Registration Number, if PAC						
Full Name of Contributor Charles Unterreiner					Registration Number, if PAC						
Street Address 784 Wynstone Dr.		Employer/Occupation/Labor Organization* American Structurepoint			M	D	Y	Amount			
					0	7	0	1	0	8	250.00
City Lewis Center		State O H	Zip Code 43035		Form(Cash,Check,etc) check						
Full Name of Contributor Kenneth Creese II					Registration Number, if PAC						
Street Address 5434 Oldevintage Dr.		Employer/Occupation/Labor Organization* Sutphen			M	D	Y	Amount			
					0	7	0	1	0	8	500.00
City Hilliard		State O H	Zip Code 43026		Form(Cash,Check,etc) check						
Full Name of Contributor Teresa Langer					Registration Number, if PAC						
Street Address 7696 Farm Hill Dr.		Employer/Occupation/Labor Organization*			M	D	Y	Amount			
					0	7	0	1	0	8	33.00
City Blacklick		State O H	Zip Code 43004		Form(Cash,Check,etc) check						
Full Name of Contributor William Demora					Registration Number, if PAC						
Street Address 100 Warren St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount			
					0	7	0	1	0	8	33.00
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) check						
Full Name of Contributor					Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount			
								
City		State	Zip Code		Form(Cash,Check,etc)						
							
Full Name of Contributor					Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount			
								
City		State	Zip Code		Form(Cash,Check,etc)						
							
Full Name of Contributor					Registration Number, if PAC						
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount			
								
City		State	Zip Code		Form(Cash,Check,etc)						
							

* 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
6,105.00

Total expenditures this event
0.00

Page Total \$ 816.00

