

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		Registration Number, if PAC	
Jeffrey R. Loeser			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1211 Highland St.	Student	0 5	2 5 0 7 32.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43201	Check	
Full Name of Contributor		Registration Number, if PAC	
Dwight E. Garner			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
895 Beech St.	State of Ohio	0 5	2 5 0 7 32.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43206	Check	
Full Name of Contributor		Registration Number, if PAC	
Marlene A. Wirth			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1029 Northfield Place North	Franklin Co. Board of Elect	0 5	2 5 0 7 32.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43068	Check	
Full Name of Contributor		Registration Number, if PAC	
Janet L. Monseur-Durr			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
685 Collingwood Dr.		0 5	2 5 0 7 25.00
City	State Zip Code	Form(Cash,Check,etc)	
Westerville	O H 43081	Check	
Full Name of Contributor		Registration Number, if PAC	
Norma M. Ginther			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1199 Highland	Institute for Human Service	0 5	2 5 0 7 300.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43201	Check	
Full Name of Contributor		Registration Number, if PAC	
Richard C. Pfeiffer, Jr.			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
238 E. Royal Forest Blvd.	City of Columbus / City A	0 5	2 5 0 7 200.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43214	Check	
Full Name of Contributor		Registration Number, if PAC	
Donald W. Spicer			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1145 Baumock Burn Dr.	Triumph Communications	0 5	2 5 0 7 100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43235	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 \$ 721.00