

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 William Demora				Registration Number, if PAC	
Street Address 100 Warren St.		Employer/Occupation/Labor Organization* League of Conservation Vo		M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Laura Biehle					
Street Address 36 Winthrop Rd.				Employer/Occupation/Labor Organization* Gahanna Schools / Teacher	
City Columbus		State O H	Zip Code 43214	M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Eileen Paley					
Street Address 668 Bellamy Place				Employer/Occupation/Labor Organization* Paley Law Office / Attorne	
City Columbus		State O H	Zip Code 43213	M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Katherine Thomsen					
Street Address 286 Thurman Ave				Employer/Occupation/Labor Organization* State of Ohio / Secretary of	
City Columbus		State O H	Zip Code 43206	M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Amy Klaben					
Street Address 238 North Cassady Ave.				Employer/Occupation/Labor Organization* CHP / President	
City Bexley		State O H	Zip Code 43209	M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43232	Form(Cash,Check,etc) Check	
Full Name of Contributor Marian Harris					
Street Address 5145 Holbrook Dr.				Employer/Occupation/Labor Organization* Retired	
City Columbus		State O H	Zip Code 43232	M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Edwin and Sharon Kirby					
Street Address 4393 Colerain Dr.				Employer/Occupation/Labor Organization* Clerk of Courts / Attorney	
City Columbus		State O H	Zip Code 43214	M D Y 0 8 0 1 0 7	Amount 35.00
City Columbus		State O H	Zip Code 43214	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 \$ 245.00