

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor John Rosenberger						Registration Number, if PAC	
Street Address 804 City Park Ave.			Employer/Occupation/Labor Organization* Capitol South Community Urban Redevelo			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43206	M 1 1	D 0 5	Y 0 7	Amount 250.00
Full Name of Contributor Kevin Tyler						Registration Number, if PAC	
Street Address 2574 Dover Rd.			Employer/Occupation/Labor Organization* Ohio Dept. of Insurance / Legislative Liaso			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43209	M 1 1	D 0 5	Y 0 7	Amount 100.00
Full Name of Contributor B. Lee Skilken						Registration Number, if PAC	
Street Address 2171 Fair Ave.			Employer/Occupation/Labor Organization* Skilken Properties Company /Principal			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43209	M 1 1	D 0 5	Y 0 7	Amount 200.00
Full Name of Contributor Press Southworth III						Registration Number, if PAC	
Street Address One Miranova Place, Suite 1205			Employer/Occupation/Labor Organization* Ohio Citizens for the Arts and Foundation			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 1 1	D 0 5	Y 0 7	Amount 250.00
Full Name of Contributor Gregory Stype						Registration Number, if PAC	
Street Address 2232 Tremont Rd.			Employer/Occupation/Labor Organization* Squire, Sanders and Dempsey / Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43221	M 1 1	D 0 5	Y 0 7	Amount 350.00
Full Name of Contributor Erik Roush						Registration Number, if PAC	
Street Address 9013 Lago Lane			Employer/Occupation/Labor Organization* Ohio Senate / Legislative Aide			Form (Cash, Check, etc.) Check	
City Lewis Center		State O H	Zip Code 43035	M 1 1	D 0 5	Y 0 7	Amount 100.00
Full Name of Contributor James Ragland						Registration Number, if PAC	
Street Address 3784 Conway Dr.			Employer/Occupation/Labor Organization* City of Columbus / Legislative Aide			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43227	M 1 1	D 0 5	Y 0 7	Amount 50.00
Full Name of Contributor Todd Lucas						Registration Number, if PAC	
Street Address 415 E. Weber Rd.			Employer/Occupation/Labor Organization* Clear Channel Outdoor/ Sales			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43202	M 1 1	D 0 5	Y 0 7	Amount 50.00

* 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)]

Page Total \$ 1,350.00