Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				NAME OF THE OWNER, WHEN PERSON AND THE OWNER, WH				
Name of Committee in Full								
Friends for Ginther			****		*************			
Full Name of Contributor			Registration Number, if PAC					
Arcadis Ohio PAC			CP1	193	Danier a Santa Markey de principal de Santa			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
520 S. Main Street 2400						check		
City	State	Zip Code	M	D	Y	Amount		
Akron	O H	44311		1 3	1 0		1,000.00	
Full Name of Contributor			Registrat	ion Nun	nber, if F	AC		
Jerome Friedman								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
332 Cliffside Dr.						Click	JPledge	
City	State	Zip Code	М	D	Υ	Amount		
Columbus	0 H	43202	0 4	1 3	1. 0		100.00	
Full Name of Contributor			Registrat	ion Nur	nber, if F	AC		
Phillip Rasor								
Street Address	Employer/Occu	upation/Labor Organization*					Form (Cash, Check, etc.)	
4265 Reedbury Lane						ClickN	JPledge -	
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43220	0 4	1 3	1 0		200.00	
Full Name of Contributor			Registrat	ion Nur	nber, if F	PAC	***************************************	
Transfer from 31-E								
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash,	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	<u></u>	
	ОІН		0 5	1 3	1 0		5,531.69	
Full Name of Contributor		A STATE OF THE PARTY OF THE PAR	Registrat			PAC		
Herbert B. Asher								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
34 W. Poplar Ave Unit 501						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	432115	0 5	2 7	1 0		50.00	
Full Name of Contributor			Registrat		and the second section is a	A CONTRACTOR OF THE PARTY OF TH		
Russell C. Goodwin								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*		***********		Form (Cash,	Check, etc.)	
103 E. 1st Ave						check		
City	State	Zip Code	М	D	Υ	Amount		
Columbus	ОІН	43201	0 5	2 7	1 0		35.00	
Full Name of Contributor			Registrat	***************************************		PAC		
John W. Royer								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash.	Check, etc.)	
1480 Dublin Rd.	IIII III III	Employer, occupation, Eason organization						
City	State	Zip Code	М	D	Y	check Amount		
Columbus	OH	43215	0 5	2 7	1		250.00	
Full Name of Contributor		7.C/	Registra		-	PAC	20000	
1			Registra	cion iva	moor, ii	1740		
Bill R. Hedrick	Employer/Occ	upation/Labor Organization*		Anni Vitani Vitani Vitani		Form (Cach	Check, etc.)	
Street Address	Employer/Occ	upation/ Labor Organization:				check		
535 West First Ave.	C2-22-	Zip Code	М	D	Y	Amount		
City	State	1 '	1 1		[25.00	
Columbus	O H	43215	0 5	2 7	1 0	1	25.00	

Page Total \$ 7,191.69

^{*} 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)]