

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Curtis Pollock					Registration Number, if PAC		
Street Address 150 W. 56th St. , Apt. 291		Employer/Occupation/Labor Organization* The Garlikov Companies			Form (Cash, Check, etc.) Check		
City New York	State N	Zip Code 10019	M 1	D 0	Y 3	Amount 1,000.00	
Full Name of Contributor Deborah Klie					Registration Number, if PAC		
Street Address 2087 Inchcliff Rd.		Employer/Occupation/Labor Organization* City of Columbus Treasurer / Administrator			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code 43221	M 1	D 0	Y 3	Amount 50.00	
Full Name of Contributor Curtis Davis					Registration Number, if PAC		
Street Address 7221 Pineville Matthews Rd. Suite 600		Employer/Occupation/Labor Organization* The C.A. Short Company / CEO			Form (Cash, Check, etc.) Check		
City Charlotte	State N	Zip Code 28226	M 1	D 0	Y 3	Amount 500.00	
Full Name of Contributor William Chevanne					Registration Number, if PAC		
Street Address 1209 Westwood Ave.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code 43212	M 1	D 0	Y 3	Amount 250.00	
Full Name of Contributor R. Martin Stutz					Registration Number, if PAC		
Street Address 90 Wilber Ave.		Employer/Occupation/Labor Organization* COTA / Communications Director			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code 43215	M 1	D 0	Y 3	Amount 100.00	
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	

* 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 \$ 1,900.00