Page 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	rescribed by Secti							
Name of Committee in Full								
Friends for Ginther			15 : .	-	1	A.O.		
I Name of Contributor			Registration Number, if PAC HBI-PAC C00165589					
Huntington BancShares Inc			Hi	SI-PAC	~ CUUI			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
41 South High Street				,	·	check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	0 6		0 9		1,000.00	
ull Name of Contributor				Registration Number, if PAC				
Civil Engineers for a Civil Government			CO	04497	36			
Street Address	Employer/Occu				Form (Cash,	Check, etc.)		
12855 Wheaton Ave.						check		
City	State	Zip Code	М	D	Y	Amount		
Pickerington	O H	43147	0 6	2 2	0 9		1,000.00	
Full Name of Contributor				Registration Number, if PAC				
Jack Shih Zong Jang								
Street Address	Employer/Occupation/Labor Organization*			L			Check, etc.)	
	President, Columbus Engine			ering Assoc			check	
840 Michigan Ave.	State	Zip Code	M M	T D	Υ	Amount		
City	OH	43215	0 6	1	}		1,000.00	
Columbus		40410	THE RESERVE THE PERSON NAMED IN COLUMN TWO		mber, if I	DAC.	1,000.00	
Full Name of Contributor			Registi	acion ivu	inder, ir i			
Thomas L. Fries	T=		<u> </u>		***************************************	Form (Coch	Chock etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check		
3400 Tonti Dr.	President, Tom Fries Associa							
City	State	Zip Code	M	D	Y	Amount	E00.00	
Dublin	0 H	43016	0 6			<u> </u>	500.00	
Full Name of Contributor			Registr	ation Nu	mber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*						Check, etc.)	
						A STATE OF THE STA		
City	State	Zip Code	М	D	Y	Amount		
5.5					1 1			
Full Name of Contributor			Registi	ration Nu	ımber, if	PAC		
Tail value of contributes.								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
dieet Addicas								
City	State	Zip Code	М	ΤD	ΤΥ	Amount		
City	State	Lip sous						
C. III Alexandr Control of the			Regist	ration Nu	ımher if	PAC		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*				***************************************	Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
					<u> </u>	<u> </u>		
Full Name of Contributor			Regist	ration N	umber, if	PAC		
	Fanal /Ozar tion / Johns Ozar - instingt					Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*					FORM (Cash, Check, etc.)		
		T=: 0 1		1 5	- T ./	A ma a		
City	State	Zip Code	M	D	Y	Amount		
					THE RESERVE THE PARTY OF THE PA	oungtion and		

Page Total \$ 3,500.00

^{*} 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)]