

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Jeffrey Lauria					Registration Number, if PAC		
Street Address 1745 White Oak Dr.		Employer/Occupation/Labor Organization* Malcolm Pirnie / Consultant			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 7	D 1 6	Y 0 7	Amount 100.00	
Full Name of Contributor Robert Bisciotti					Registration Number, if PAC		
Street Address 6059 Homewell St.		Employer/Occupation/Labor Organization* Franklin County Clerk of Courts / Manage			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 7	D 1 6	Y 0 7	Amount 25.00	
Full Name of Contributor Fred Winer					Registration Number, if PAC		
Street Address 5200 Buckeye Grove		Employer/Occupation/Labor Organization* Chemical Abstracts / Chemist			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 7	D 1 6	Y 0 7	Amount 50.00	
Full Name of Contributor Porter Miller					Registration Number, if PAC		
Street Address 304 S. 48th St.		Employer/Occupation/Labor Organization* Wayne County / Homeland Security Direc			Form (Cash, Check, etc.) Check		
City Richmond	State I N	Zip Code 47374	M 0 7	D 1 6	Y 0 7	Amount 25.00	
Full Name of Contributor Ohio & Vicinity Regional Council South Central Office PCE					Registration Number, if PAC		
Street Address 1394 Courtright Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 0 7	D 1 6	Y 0 7	Amount 500.00	
Full Name of Contributor Keycorp Advocates Fund					Registration Number, if PAC 00007-3155		
Street Address 127 Public Square		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44114	M 0 7	D 1 6	Y 0 7	Amount 250.00	
Full Name of Contributor Carpenters Local Union #200 PCVE					Registration Number, if PAC 10288		
Street Address 1545 Alum Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 7	D 1 6	Y 0 7	Amount 500.00	
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	

* 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 \$ 1,450.00