Page	1	_

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								•11	
Friends for Ginther									
Full Name of Contributor				Registr	ation N	ımber, if	PAC		
Bill Hedrick									
Street Address	1	-	ation/Labor Organization*	-				Form (Cash, Check, etc.)	
535 West First Ave	City of Columbus / Attorney					Check	Check		
City	1 _	ate	Zip Code	M	D	Y	Amount		
Columbus	10	H	43215	0 9	_		7	25.00	
Full Name of Contributor				Registi	ation Ni	imber, if	PAC		
Andrew Ginther Street Address	E1	-/0	ation/Labor Organization*				Town (Coal	Charle stal	
				100		:4		Form (Cash, Check, etc.) Online Contribu	
98 Montrose Way	Triumph Communications / Community F			Amount	e Contribu				
Columbus		H H	43214		l		7	10.00	
Full Name of Contributor	10		10211			mber, if	<u> </u>	10.00	
Chris Harrison									
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash,	Form (Cash, Check, etc.)	
1648 Spruce Pine Ct.	Ker	ıt Sta	te University / Stu	dent			Onlin	Online Contribu	
City		ate	Zip Code	M	D	Y	Amount		
Lilburn	G	A	30047	0 9	1 2	2 0	7	50.00	
Full Name of Contributor				Regist	ation N	ımber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash,	Form (Cash, Check, etc.)				
City	St	ate	Zip Code	М	D	Y	Amount		
2 11 1				D	, N	1	TD4C		
Full Name of Contributor				Kegisu	auon ivi	ımber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash,	Check, etc.)				
City	St	ate	Zip Code	M	D	Y	Amount		
Full Name of Contributor		<u> </u>	•	Regist	ation N	ımber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash,	Check, etc.)				
City	St	ate	Zip Code	М	D	Y	Amount		
	~		Lip couc	"					
Full Name of Contributor	<u> </u>	l		Registı	ation N	mber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash,	Check, etc.)				
City	St	ate	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if PAC					•				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash,	Form (Cash, Check, etc.)				
City	St	ate	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 \$	85.00