

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther												
Full Name of Contributor John Hykes						Registration Number, if PAC						
Street Address 1865 Torchwood Dr			Employer/Occupation/Labor Organization* Ohio Department of Safety / Attorney				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43229		M 0 7		D 2 3		Y 0 7		Amount 100.00
Full Name of Contributor Fred Holdridge						Registration Number, if PAC						
Street Address 763 S. Third St.			Employer/Occupation/Labor Organization* Self-Employed / Retail Salesman				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 0 7		D 2 3		Y 0 7		Amount 50.00
Full Name of Contributor UFCW Local 1059 Active Ballot Club						Registration Number, if PAC #LA437						
Street Address 4150 E. Main St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43213		M 0 7		D 2 3		Y 0 7		Amount 100.00
Full Name of Contributor John Condo						Registration Number, if PAC						
Street Address 1358 Bosworth Ct.			Employer/Occupation/Labor Organization* Disabled				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43229		M 0 7		D 2 3		Y 0 7		Amount 20.00
Full Name of Contributor Douglas Aschenbach						Registration Number, if PAC						
Street Address 861 Neil Ave			Employer/Occupation/Labor Organization* Campus Partners / Vice President Real Est				Form (Cash, Check, etc.) Check					
City Columbus		State O h		Zip Code 43215		M 0 7		D 2 3		Y 0 7		Amount 100.00
Full Name of Contributor Bill Hedrick						Registration Number, if PAC						
Street Address 838 Thurber Dr. West Apt 22			Employer/Occupation/Labor Organization* City of Columbus / Attorney				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 7		D 2 3		Y 0 7		Amount 20.00
Full Name of Contributor Sally Rogers						Registration Number, if PAC						
Street Address 153 Chase Rd.			Employer/Occupation/Labor Organization* JP Morgan Chase / Banker				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43214		M 0 7		D 2 3		Y 0 7		Amount 35.00
Full Name of Contributor Barbara Sokol						Registration Number, if PAC						
Street Address 2346 Fishinger Rd.			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43221		M 0 7		D 2 3		Y 0 7		Amount 100.00

* 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)]