

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Anita Miller					Registration Number, if PAC		
Street Address 1715 Morgan		Employer/Occupation/Labor Organization* Best Effort / Social Worker			Form (Cash, Check, etc.) Check		
City Wooster	State O H	Zip Code 44691	M 0 7	D 0 5	Y 0 7	Amount 25.00	
Full Name of Contributor Robert Yoakam Jr.					Registration Number, if PAC		
Street Address 6345 Taggart Rd		Employer/Occupation/Labor Organization* Rockford Homes / President			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43015	M 0 7	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Jack Shih Zong Jang					Registration Number, if PAC		
Street Address 840 Michigan Ave		Employer/Occupation/Labor Organization* Columbus Engineering Consultants / Presi			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Jeffrey Edwards					Registration Number, if PAC		
Street Address 495 S. High Street Suite 150		Employer/Occupation/Labor Organization* The Edwards Co. / President			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 5	Y 0 7	Amount 250.00	
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	
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)]