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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends for Ginther						
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .
Anita Miller						
Street Address	Employer/Occup	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)
1715 Morgan	Best Eff	orker			Check	
City	State	Zip Code	М	D	Y	Amount
Wooster	O H	44691	0 7	0 5	0 7	25.00
Full Name of Contributor			Registra		nber, if PA	AC
Robert Yoakam Jr.						
Street Address	, - ·	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6345 Taggart Rd	Rockford Homes / Preside		esident			Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43015	0 7			250.00
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Jack Shih Zong Jang	In 1 10				-	(C. I. Cl. 1)
Street Address		pation/Labor Organizatio		/	· D •	Form (Cash, Check, etc.)
840 Michigan Ave	State	ous Engineering	g Consulta	ints /	Presi	Check Amount
Columbus	O H	Zip Code 43215	I	I .	l .	250.00
Columbus Full Name of Contributor	0 11	43213	0 7		U / /	
Jeffrey Edwards			Rogistia	ittoir i vuii	1001, 11 1 1	
Street Address	Employer/Occu	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)
495 S. High Street Suite 150		The Edwards Co. / President				Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43215	0 7	0 5	0 7	250.00
Full Name of Contributor					nber, if PA	AC
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
		Tay a .	- 1	T 5	1 17	
City	State	Zip Code	M	D	Y	Amount
5 m.y. 60 - 11 -		<u> </u>	Docistes	tion Num	nber, if Pa	A.C.
Full Name of Contributor			Regisuz	idon ivun	noer, n rz	1 C
Street Address	Employer/Occu	pation/Labor Organization	nn*			Form (Cash, Check, etc.)
Succe Address	Employen	patron Encor Organizatio	·••			2 0 (0, 0, 10)
City	State	Zip Code	М	D	Y	Amount
		- F	1 1			
Full Name of Contributor			Registra	ition Nur	nber, if Pa	AC
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
	1					
City	State	Zip Code	M	D	Y	Amount
	J J	- Jidesa Tf contaibutoni	1611	L	ation and	the name of the

Page Total \$	775.00

^{*} 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)]