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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Bay			Managa pasawa						
Name of Committee in Full									
Friends for Ginther Full Name of Contributor	lening transmission and transmission and the second								
				Registration Number, if PAC					
Stephen Daley Street Address	TE 1 /O								
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
4259 Olentangy Blvd.	Smith Barney / Financial Ad			~~~~~~~~~~	·	Check			
City	State	Zip Code	M	D	Y	Amount			
Columbus		43214	MARKET MARKET THE TAXABLE PROPERTY.	AND DESCRIPTION OF THE PARTY AND THE PARTY A	0 8		200.00		
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC			
Walter Chaffee	***			Shares San San San San San	******************	Order to the control of the control			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
17 Juniper Rd.		Brown & Caldwell/Engineer				Check			
City	State	Zip Code	M	D	Y	Amount			
Franklin	MA	02038	0 3	2 6	0 8		250.00		
Full Name of Contributor	Registration Number, if P.					AC			
Jeffrey McNealey									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
41 South High St., 30th Floor	Porter W	Porter Wright Morris & Arthur / At				orney Check			
City	State	Zip Code	M	D	Y	Amount	***************************************		
Columbus	0 H	43215	0 4	0 1	0 8		250.00		
Full Name of Contributor			ANCOMOS ASSESSMENT AND A SECOND	ACCOUNT OF THE PARTY OF THE PAR	ber, if P	AC			
Norma Ginther									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)		
1199 Highland St.	Institute	Institute for Human Services					Check		
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43201	0 4	011	0 8		60.00		
Full Name of Contributor			and the second second second second	Santana and a second	nber, if PA	AC			
Joel and Laura Rhoades									
Street Address	Employer/Occup				Form (Cash, Cl	ieck, etc.)			
5975 South Section Line Road	EPCON	Communities / VP				Check			
City	State	Zip Code	M	D	Y	Amount			
Delaware	$0 \mid H$	43015	0 4	0 1	0 8		250.00		
Full Name of Contributor			en (compression and an arrangement	TOTAL CONTRACTOR OF THE PARTY O	ber, if PA	AC .			
Robert Agbede									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
3 Quail Hill Rd.	ATS Che				Check				
City	State	Zip Code	M	D	Y	Amount			
Pittsburgh	PA	15238	0 4	1 1	0 8		500.00		
Full Name of Contributor	.*	3. 0 400	The second property of	tion Num		AC	500.00		
Full Name of Contributor Columbus/Central Ohio Building Trades Council-Education Fund PCE 6131									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck etc.)		
555 E. Rich St., Rom 217					Check				
City	State	Zip Code	M	D	Y	Amount	***************************************		
Columbus	0 H	43215	1	1 4	1 . 1	Amount	250.00		
Full Name of Contributor		TULLU	0 4	ion Num	0 8 ber, if PA		230.00		
Andy and Carrie Madison			region a	GOH INUIL	n∕o1, 11 F	10			
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
2476 Bexley Park Road	RS Garek & Associates / Owner				Online Contribu				
City	State	K & ASSOCIATES / O Zip Code	M M	D	Y	Amount	Contribu		
Columbus	0 H	43209			I . I	1 MIOUIII	E00.00		
COMMINIO		1 せいムリン	0 4	2 8	0 8		500.00		

Page Total \$ 2,260.00

^{*} 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)]