

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Stephen Daley					Registration Number, if PAC		
Street Address 4259 Olentangy Blvd.		Employer/Occupation/Labor Organization* Smith Barney / Financial Advisor			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 3	D 2 6	Y 0 8	Amount 200.00	
Full Name of Contributor Walter Chaffee					Registration Number, if PAC		
Street Address 17 Juniper Rd.		Employer/Occupation/Labor Organization* Brown & Caldwell/Engineer			Form (Cash, Check, etc.) Check		
City Franklin	State M A	Zip Code 02038	M 0 3	D 2 6	Y 0 8	Amount 250.00	
Full Name of Contributor Jeffrey McNealey					Registration Number, if PAC		
Street Address 41 South High St., 30th Floor		Employer/Occupation/Labor Organization* Porter Wright Morris & Arthur / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 1	Y 0 8	Amount 250.00	
Full Name of Contributor Norma Ginther					Registration Number, if PAC		
Street Address 1199 Highland St.		Employer/Occupation/Labor Organization* Institute for Human Services			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 4	D 0 1	Y 0 8	Amount 60.00	
Full Name of Contributor Joel and Laura Rhoades					Registration Number, if PAC		
Street Address 5975 South Section Line Road		Employer/Occupation/Labor Organization* EPCON Communities / VP			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 4	D 0 1	Y 0 8	Amount 250.00	
Full Name of Contributor Robert Agbede					Registration Number, if PAC		
Street Address 3 Quail Hill Rd.		Employer/Occupation/Labor Organization* ATS Chester / President			Form (Cash, Check, etc.) Check		
City Pittsburgh	State P A	Zip Code 15238	M 0 4	D 1 1	Y 0 8	Amount 500.00	
Full Name of Contributor Columbus/Central Ohio Building Trades Council-Education Fund					Registration Number, if PAC PCE 6131		
Street Address 555 E. Rich St., Rom 217		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 1 4	Y 0 8	Amount 250.00	
Full Name of Contributor Andy and Carrie Madison					Registration Number, if PAC		
Street Address 2476 Bexley Park Road		Employer/Occupation/Labor Organization* RS Garek & Associates / Owner			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43209	M 0 4	D 2 8	Y 0 8	Amount 500.00	

* 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)]

Page Total \$ 2,260.00