Statement of Contributions Received

Prescribed by Secretary of State 3/05

				on Memory and America	North Company (1997)			
Name of Committee in Full								
Friends for Ginther								
Full Name of Contributor			Registra	ition Nun	aber, if PA	AC		
William Habig					and the second process of the second			
Street Address	Employer/Occu	n∗			Form (Cash, Check, etc.)			
3708 Raccoon Valley Rd.	Retired				Check			
City	State	Zip Code	M	D	Y	Amount		
Granville	0 H	43023	0 6	2 6	0 8		33.00	
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC		
Robert Weiler								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
41 S. High ST., Suite 1010	Robert	Weiler Compan	ıv / Deve	/ Developer			Check	
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43215	016	2 6	0 8		75.00	
Full Name of Contributor			and a superior of the superior	Charles and the same	nber, if P	STATE OF THE PROPERTY OF THE P		
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Che	ck, etc.)	
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .		
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Che	ck, etc.)	
		-						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Nun	aber, if P	AC		
					•			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck. etc.)	
		r				,	,,	
City	State	Zip Code	M	D	Y	Amount		
		Lip ovac						
Full Name of Contributor			Registra	ntion Num	nber, if Pa	VC.		
was runne or conditioned			Ttog.					
Street Address	Employer/Occu	pation/Labor Organization	n*	20000000000000000000000000000000000000	TOTAL STREET,	Form (Cash, Che	ck etc.)	
out of Address	Employen ceed	patron/Labor Organization				rom (cam, che	cik, 0to.)	
City	State	Zip Code	M	D	ΙΥ	Amount		
City	Jane	Zip code	1		1	Amount		
Full Name of Contributor			Pagistre	tion Nun	nber, if Pa			
Tun Name of Condition			Registi	auon ivai	ilber, ii F7			
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Che	ck etc.)	
Succe Address	isinpioyei/occu	pation/Labor Organization	11			101111 (Casil, Che	ck, cic.)	
Ci.	Ctoto	Tin Code		1 5	1 🗸	Amount		
City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC.		
				ered characteristic area assure	nýminaco do comentante			
Street Address	Employer/Occu	n~		,	Form (Cash, Check, etc.)			
				-				
City	State	Zip Code	M	D	Y	Amount		

Page Total \$	108.00
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^{*} 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)]