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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 Num	ber, if P	AC
Jerry Saunders	<b>T</b> , , ,					
Street Address	Employer/Occup		. 01		Form (Cash, Check, etc.)	
2788 Floribund Dr.	_	velopme				
<sup>City</sup> Columbus	O   H	Zip Code 43209	M	D	Y	Amount 50.00
Full Name of Contributor	10 11		19 tion Num			
K. Majidzadeh			Rogious	tion i tax	1001, 21.1	
Street Address	Employer/Occup				Form (Cash, Check, etc.)	
4621 Edgecote Ct.	Resourc				Check	
City	State	Zip Code	M	D	Y	Amount
New Albany	$O \mid H$	43054	10	1 9	0 7	250.00
Full Name of Contributor	· • · · · · · · · · · · · · · · · · · ·			tion Num		
Mataryun Wright						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C		
6621 Marissa St.	RAMA Consulting Group / President and				and	Check
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	O H	43110	1 0	1 9	0 7	100.00
Full Name of Contributor			Registra	tion Num	ber, if P	AC
Jeffrey Robert						
Street Address	Employer/Occup				Form (Cash, Check, etc.)	
296 Ashbourne Place		Chairma		<del></del>	Check	
City	State	Zip Code	M	D	Y	Amount
Columbus Full Name of Contributor	ОН	43209		19 tion Num		100.00
			Registra	uon ivuii	iber, ii P	AC .
Michael Brown Street Address	Employer/Occur				Form (Cash, Check, etc.)	
1142 Pennsylvania Ave	· ·		3 #X7		Check	
City	State	Columbus / Pre   Zip Code	M M	ary D	Y	Amount
Columbus	OH	43201		1 9	I .	125.00
Full Name of Contributor	101	10201		tion Num		
John Condo						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1358 Bosworth	Disabled					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O   H	43229	1 0	1 9	0 7	10.00
Full Name of Contributor	Re			tion Nurr	ber, if P	AC
United for Health PAC				C00274431		
Street Address	Employer/Occup				Form (Cash, Check, etc.)	
9900 BREN ROAD EAST						Check
City	State	Zip Code	M	D	Y	Amount
Minnetonka	MN	55343	1 0	1 9	0 7	250.00
Full Name of Contributor			Registra	tion Num	iber, if PA	AC
Donald Leach, Jr.	Ir. d. /o					Farm (Carlo Charles )
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
191 W. Nationwide Blvd, Suite 300	Buckingham Doolittle & Burroughs LLP /				Check Amount	
City Columbus	O   H	43215				
Columbus		43213	1110	1 9		200.00

Page Total \$ 1,085.00

<sup>\*</sup> 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)]