31-A
R.C. 3517.10

Page _____

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Friends for Ginther | | | | | | | | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Pizzuti PAC | | | | | | | OH 1260 | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| Two Miranova Place, Suite 800 | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43215 | 07 | 20 | 10 | | 1,500.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Estate of Jean S. Scottenstein | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 107 S. High Street, 3rd Floor | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43215 | 08 | 02 | 10 | | 1,000.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Philip A. Craig | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 5490 Heathrow Dr. | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Powell | OH | 43065 | 09 | 17 | 10 | | 150.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Jason Janoski | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 10 E. Weber Rd. Suite A | | | | | | | online | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43202 | 10 | 22 | 10 | | 50.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Columbus Apartment Association | | | | | | | #OH146 | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 1225 Dublin Road | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43215 | 10 | 26 | 10 | | 500.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Columbus Medical Association | | | | | | | PAC | |
| Street Address | *Employer*/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 431 E. Broad Street | | | | | | | check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43215 | 11 | 16 | 10 | | 250.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Peter Lytle | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 2159 Bristol Rd. | | | | | | | online | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43221 | 11 | 19 | 10 | | 20.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Transfer from 31-E Due Amici | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| | | | | | | | | |
| City | State | Zip Code | M | D | Y | | Amount | |
| | | | 12 | 01 | 10 | | 33,022.00 | |

* 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 $ 36,492.00