

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Stephen Sterrett					Registration Number, if PAC		
Street Address 567 Tibet Rd		Employer/Occupation/Labor Organization* Campus Partners for Community Urban Re			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202	M 0 9	D 1 8	Y 0 7	Amount 25.00	
Full Name of Contributor Kevin L. Boyce for Columbus City Council Committee					Registration Number, if PAC		
Street Address 250 W. Broad St, Suite 700		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 8	Y 0 7	Amount 500.00	
Full Name of Contributor Patricia Lantis					Registration Number, if PAC		
Street Address 4130 Herald Square Place		Employer/Occupation/Labor Organization* Vacation Time Travel / Independent Trave			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 9	D 1 8	Y 0 7	Amount 25.00	
Full Name of Contributor Martha McFerran					Registration Number, if PAC		
Street Address 43 Fallis Rd.		Employer/Occupation/Labor Organization* East High School / Educator			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 8	Y 0 7	Amount 20.00	
Full Name of Contributor Mark Hatch					Registration Number, if PAC		
Street Address 4189 Rowanne Rd		Employer/Occupation/Labor Organization* MEBS, Inc, / Exec. Director			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 8	Y 0 7	Amount 100.00	
Full Name of Contributor Sally Rogers					Registration Number, if PAC		
Street Address 153 Chase Rd.		Employer/Occupation/Labor Organization* JP Morgan Chase / Banker			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 4314	M 0 9	D 1 8	Y 0 7	Amount 25.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]