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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Eull							
Name of Committee in Full							
Friends for Ginther			Registration Nu	mber if DA	C		
TAILLY CO			Registration (val	Registration Number, if PAC			
William Conner	m1	ccupation/Labor Organiza	tion*		Form (Cash, Check,	etc.)	
Street Address	1 -						
250 E. Sycamore St.		the Performing A		Check Amount			
City	State	Zip Code	M D	I .		50.00	
Columbus	0	H 43206	1 1 0 5			50.00	
Full Name of Contributor			Registration Nu	mber, if PA	.C		
John Davis		ccupation/Labor Organiza			T (0.1.01.1	-4->	
Street Address	1	_	•		Form (Cash, Check, etc.)		
1391 Windrush Circle		Spectrum Capital / Princip			Check		
City	State	Zip Code	M D		Amount	<b>50.00</b>	
Blacklick	0	H 43004		0 7		50.00	
Full Name of Contributor Registration Number, if PAC							
Lawrence Fisher							
Street Address	1	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
495 Tucker Dr.	Colui		n Development		Check		
City	State	Zip Code	M D		Amount		
Worthington	0	H 43085		$0 \mid 7$		.00.00	
Full Name of Contributor			Registration Nu	mber, if PA	AC .		
Norman Gadzinski					Form (Cash, Check,		
Street Address	Employer/C	ation*			etc.)		
259 Glenshire Lane	MWF	MWH / Midwest Regional			Check		
City	State	Zip Code	M D	Y	Amount		
Medina	0	H 44256	1 1 0 5	0   7	5	00.00	
Full Name of Contributor			Registration Nu	mber, if PA	AC		
Verna Lee							
Street Address	Employer/C	ation*			Form (Cash, Check, etc.)		
3530 Parkway Lane	Lee T	Lee Testing / Owner			Check		
City	State		M D	Y	Amount		
Hilliard	0	H 43026	1 1 0 5	5 0 7	<u> </u>	500.00	
Full Name of Contributor	<u> </u>		Registration Nu	mber, if PA	AC		
Bob Barnes							
Street Address	Employer/C	ation*		Form (Cash, Check,	, etc.)		
709 Racine Ave.	Hunt	anker		Check			
City	State		M D	Y	Amount		
Columbus	0	H 43204	1   1   0   0	5 0 7		25.00	
Full Name of Contributor			Registration Nu		AC		
Frank Hale, Jr.							
Street Address	Employer/C	ation*		Form (Cash, Check	, etc.)		
1617 Slade Ave.	The C	ersity / Vice Pro	vost E	Check			
City	State		M D	Y	Amount		
Columbus	0	H 43235	111010	5 0 7		25.00	
Full Name of Contributor Registration Number, if P.				AC	-		
Harlan Louis							
Street Address	Employer/0	ation*		Form (Cash, Check	, etc.)		
6140 Hilltop Trail Dr.	` '	Bailey Cavalieri / Attorney			Check		
City		State Zip Code			Amount		
New Albany		H 43054	$\begin{bmatrix} M & D \\ 1 & 1 & 0 \end{bmatrix}$	5 0 7	<u> </u>	100.00	
INEW ADAILY		10002	or is self-employed, the occi	, o ,	the name of the		

Page Total \$ 2,150.00

<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)]