Page .		

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			· <u></u>			
Friends for Ginther						
Full Name of Contributor			Registra	ition Num	ber, if PA	.c
Judith S. Rycus			ł			
Street Address	Employer/Occup	oation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
1706 E. Broad	İ					check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43203	011	0 3	1111	100.00
Full Name of Contributor					iber, if PA	
Jan E. Giangardella						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
2222 Bryton Dr.	ł					check
City	State	Zip Code	М	D	Y	Amount
Powell	$ \mid$ O \mid H	43065	0 : 1	013	1 1	50.00
Full Name of Contributor	1	1 10000			iber, if PA	<u> </u>
Kamran Razvan					•	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
2200 Kraft Drive Suite 1175	, , ,	2				eft
City	State	Zip Code	М	D	Y	Amount
Blacksburg	VIA	24060		2 3		0.37
Full Name of Contributor		1_24000			iber, if PA	
Thomas Diamond			ric grant	111011 114411	1001, 1111	
Street Address	Employer/Occur	nation/Labor Organization*	L			Form (Cash, Check, etc.)
2811 Kensington Place East	Employ en Occu,	Julion Europi Organization				online
City	State	Zip Code	М	D	ΤΫ́	Amount
Columbus	0 H	43202	0 1	i i		100.00
Full Name of Contributor	0	43202			ber, if PA	
Transfer from 31-E Hubbard Grill	0		1/egistie	MON MIN	iber, ii i A	
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)
Milet Maness	Employen Occup	Janon Edoor Organization				t orini (Casii, Cheek, etc.)
City	State	Zip Code	М	D	Y	Ainount
Cuy	State	Zip Code			$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	1
Full Name of Contributor			0 1		ber, if PA	14,354.11
Tuli Name of Controllor			Registra	mon Num	iber, ir ra	
Street Address	li mulovori ∩ com	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occup	ation/1.abor Organization				roim (Cash, Check, etc.)
City	State	Zip Code		7 - 6	1 0	
City	State	Zip Code	M	D :	Y	Amount
Full Name of Contributor			12	1 1	1 CDA	
ruii Name of Contrioutor			Registra	ition Num	ber, if PA	C
Street Address	IEmplayar/Oagur	pation/Labor Organization*				r(C.A. Ch.A)
Site Address	ізіцлоўсь Осец	ation/ragor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	T-54	1 15	1 ν	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			 		- 'C D A	
run Name of Commonton			Registra	ition Num	ber, if PA	C
Street Address	[Cw-1(O	auticall above O				In Table 1
Succe radicas	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
City	C++	Zip Code	1.77	T	I V	<u> </u>
	State	Zip Code	M	D 1	Y	Amount
				1 1	:	

* 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 \$	14,604.48