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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				Registration Number, if PAC			
Karl Brazauskas							
Street Address	Employer/Occup	Form (Cash, Check, etc.)					
78 Stagecoach Rd.	Metcalf Eddy Aecom / Vice President				t	Check	
City	State	Zip Code	M	D	Y	Amount	
Woodbury	C T	06798	0 7	3 0	0 7	50.00	
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC	
Richard Allen							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1371 Haddon Rd	Motorists Mutual Insurance Co. / Retired			ired	Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43209	017	3 0	0 7	100.00	
Full Name of Contributor	Registration Number, if P						
Nancy Nance							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
190 E. Beaumont	Nurse					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43214	017	1310	0 7	50.00	
Full Name of Contributor				ation Nun			
Eric Prall							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
5632 Barney Lane	Butler Wick / Investment Banker				Check		
City				Y	Amount		
Columbus	ОН	43235	1017	3 0		35.00	
Full Name of Contributor	0	10200		ation Nun			
Regulation 1 values, in 17th							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	' ' '	Ü				, , , ,	
City	State	Zip Code	М	D	Y	Amount	
	1	Lap com	"	1 ~			
Full Name of Contributor			Registr	ation Nun	ber. if P	AC:	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2 Improjent coorpitation 2 Indiana.							
City	State	Zip Code	М	D	ΙΥ	Amount	
			1	1 -			
Full Name of Contributor			Registr	ation Nun	her. if PA	AC.	
run Manie of Conditionor			Registration Number, if PAC				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chee						Torin (Cash, Check, Cac.)	
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	I VI		1 1	Allouit	
Tall Name of Contributor			Davista	otion Nine	han if D	V.C.	
Full Name of Contributor Registration Number, if PAC							
D	Ir	-4: # -1 O				Prove (Cook Cl. 1	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		la: o ;	1	1 -	1		
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)]

Page Total \$ 235.00