31-A R.C. 3517.10

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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			
Tobias Iloka							
Street Address	Employer/Occu	pation/Labor Organization*	Businesside		W. C.	Form (Cash, Check, etc.)	
6677 Spring Run Dr.	, -					check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	ОІН	43082	0 6	0 4	1 0	300.00	
Ill Name of Contributor Registration Number, if Registration Number, it Regist					PAC		
Micheal Daniels							
Street Address	Employer/Occu	pation/Labor Organization*	Barrier Constitution	S(0)		Form (Cash, Check, etc.)	
842 N. High Street						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43215	0 6	0 4	1 0	100.00	
Full Name of Contributor				ation Nur		PAC	
Nationwide Better Citizenship Fund	ľ			FD OH259			
Street Address	Employer/Occu	pation/Labor Organization*			W	Form (Cash, Check, etc.)	
One Nationwide Plaza						check	
City	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	ОГН	43215	0   6	0 4	1 0	150.00	
Full Name of Contributor	V 11	3,5,7 Am A. 57	THE RESERVE OF THE PERSON NAMED IN	ation Nu		<u> </u>	
Full Marile of Contributor			,				
Street Address	Employer/Occu	pation/Labor Organization*	- Landard Control	NO CONTRACTOR OF THE PARTY OF T		Form (Cash, Check, etc.)	
oriote Addition	, ,						
City	State	Zip Code	М	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	М	D	Y	Amount	
	la constant de la con						
Full Name of Contributor Registration Number, if				mber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			***************************************	Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Υ	Amount	
Full Name of Contributor			Registr	ation Nu	mber, if	PAC	
Full Name of Contributor							
Street Address	Employer/Occ	upation/Labor Organization*	&		ACCOUNT OF THE PARTY OF THE PARTY OF	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			1				
Full Name of Contributor Registration Number, if					PAC		
Tall Marie of Contributor							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3.5534.550							
City	State	Zip Code	М	D	Y	Amount	
			1		1 1		

Page Total \$ 550.00

<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)]