

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Iron Workers Local 172 PCE						Registration Number, if PAC	
Street Address 2867 S. High St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43207	M 0	D 9	Y 2	Amount 500.00	
Full Name of Contributor AT&T Inc. Ohio Employee PAC						Registration Number, if PAC C00377044	
Street Address 150 East Gay St., Room 4A			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 250.00	
Full Name of Contributor Elizabeth Smalley						Registration Number, if PAC	
Street Address 460 Midgard Rd.			Employer/Occupation/Labor Organization* Institute for Human Services / Social Work			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43202	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Stephen Habash						Registration Number, if PAC	
Street Address 4851 Inisheer Ct.			Employer/Occupation/Labor Organization* Habash Reasoner & Frasier / Attorney			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor Mark Corna						Registration Number, if PAC	
Street Address 2034 Quarry Crest Dr.			Employer/Occupation/Labor Organization* Corna /Kokosing / President			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor Keena Smith						Registration Number, if PAC	
Street Address 1638 Minturn Dr			Employer/Occupation/Labor Organization* City of Columbus / Assistant Director			Form (Cash, Check, etc.) Check	
City New Albany	State O H	Zip Code 43054	M 0	D 9	Y 2	Amount 50.00	
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)]

Page Total \$ 1,100.00