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Page		

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					en e				
Friends for Ginther									
Full Name of Contributor				Registration Number, if PAC					
Jeffrey D. Ginther					was				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1199 Highland St.				·			check		
City	State	Zip Code		М	D	1	Amount		
Columbus	0 H	43201		0 1	0 8	0 9		60.00	
Full Name of Contributor Registration Number, if PAC									
Jeffrey D. Ginther									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1199 Highland St.							check		
City	State	Zip Code		M	D	Y	Amount	(0.00	
Columbus	0 H	43201			1 1			60.00	
Full Name of Contributor									
Jeffrey W. Edwards							I.S /0 5 3:	l 1	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
495 S. High Street Ste. 150				T	T =	ı ,,	check		
City	State	Zip Code		M	D	Y	Amount	0E0 00	
Columbus	0 E	43215			1 8			250.00	
Full Name of Contributor				Registra	ation Nu	mber, if	PAC		
Smith & Hale LLC	1		<u> </u>				Erma (Orali O	lande of - \	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	neck, etc.)	
37 West Broad St.		T :) , , .	Т	T 1/2	check		
City	State	Zip Code		M	D	Y	Amount	257.00	
Columbus	0 F	[43215		· Lancourine commi	· commonwer and common	0 9	The same of the sa	250.00	
Ill Name of Contributor					ation Nu E #62	mber, if	FAC		
Plumbers and Pipefitters LU 189	Tourism (Opposition // The Company of the Company o				.c. #02	.4V	Form (Cash, C	hack etc.)	
Street Address	Employer/Occupation/Labor Organization*						1	HECK, ELL.)	
1250 Kinnear Rd.	Ctata	Zip Code		Тм	D	Y	check Amount		
Columbus	State	1		0 3	1	1	1	250.00	
Columbus Full Name of Contributor	O F	1 *32.12				mber, if		200,00	
				Mogisti	acion Nu		.,.0		
John B. Igel Street Address	Employer/Or	cunation/Lahor	Organization*				Form (Cash, C	Check, etc.)	
8	Employer/Occupation/Labor Organization*						online		
1033 Zodiac Avenue	State	Zip Code		Тм] D	ΤΥ	Amount		
City Gahanna	OF	I		0 4	1	l		200.00	
Full Name of Contributor		1 70400				mber, if			
Hazam Gheith				1.09,00			· · · · ·		
Street Address	Employer/Occupation/Labor Organization*			_L		***************************************	Form (Cash, Check, etc.)		
4700 Lakehurst Court Suite 200	Brown and Caldwell						online		
City 200 Lakenurst Court State 200	State Zip Code			М	T D	. Y	Amount		
Columbus	OF	1 '		0 4	1 .	1	1	250.00	
Full Name of Contributor	Registration Number, i								
Catherine O. Zwissler									
Street Address	Employer/Occupation/Labor Organization*					***************************************	Form (Cash, Check, etc.)		
550 N. Columbia Ave.				check					
City	State Zip Code			М	D	ΤΥ	Amount		
Bexley	OIF	1 '	}	0 4	014	1 .	1	50.00	
Lacousty	1 2 1 4					1 7		1.7	

Page Total \$ 1,370.00

^{*} 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)]