

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther									
Full Name of Contributor Jeffrey D. Ginther						Registration Number, if PAC			
Street Address 1199 Highland St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0 1	D 0 8	Y 0 9	Amount 60.00			
Full Name of Contributor Jeffrey D. Ginther						Registration Number, if PAC			
Street Address 1199 Highland St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0 2	D 1 1	Y 0 9	Amount 60.00			
Full Name of Contributor Jeffrey W. Edwards						Registration Number, if PAC			
Street Address 495 S. High Street Ste. 150			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 8	Y 0 9	Amount 250.00			
Full Name of Contributor Smith & Hale LLC						Registration Number, if PAC			
Street Address 37 West Broad St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 8	Y 0 9	Amount 250.00			
Full Name of Contributor Plumbers and Pipefitters LU 189						Registration Number, if PAC PCE #6220			
Street Address 1250 Kinnear Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 0 3	D 2 1	Y 0 9	Amount 250.00			
Full Name of Contributor John B. Igel						Registration Number, if PAC			
Street Address 1033 Zodiac Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 1 5	Y 0 9	Amount 200.00			
Full Name of Contributor Hazam Gheith						Registration Number, if PAC			
Street Address 4700 Lakehurst Court Suite 200			Employer/Occupation/Labor Organization* Brown and Caldwell				Form (Cash, Check, etc.) online		
City Columbus	State O H	Zip Code 43016	M 0 4	D 1 5	Y 0 9	Amount 250.00			
Full Name of Contributor Catherine O. Zwissler						Registration Number, if PAC			
Street Address 550 N. Columbia Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0 4	D 2 1	Y 0 9	Amount 50.00			

* 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)]

Page Total \$ 1,370.00