

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				***************************************		
Friends for Ginther			···			
Full Name of Contributor			Registr	ation Nu	mber, if F	PAC
Frank Cipriano				varassassassassassassassassassassassassas		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
PO Box 2168				1 -	1	check
City Columbus	State O H	Zip Code 43216	M 1 2	0 4	0 8	Amount 250.00
Full Name of Contributor		1.000.0	Registr	ation Nu		
Hasan R. Alkhayri						· · ·
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
10788 Brettridge Dr.					online	
City	State	Zip Code	М	D	Y	Amount
Powell	ОІН	43065	0 7	1 5	0 8	120.00
Full Name of Contributor	- Language			ation Nu		
Transfer from 31-A-1 IAFF Fundraiser						
Street Address	Employer/Occupation/Labor Organization*				***************************************	Form (Cash, Check, etc.)
						
City	State	Zip Code	M	D	Y	Amount
			0 7		-	A
Full Name of Contributor Registration Number, if PAC						PAC
Street Address	Employer/Occu	pation/Labor Organization*	_L	***************************************		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	М	D	Y	Amount
Full Name of Contributor		an la company de	Registr	ation Nu	mber, if I	PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
						Target State
Full Name of Contributor Registration Number, if					PAC	
	Tr. 1. (O			***************************************		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
		'				
Full Name of Contributor Registration Number, if I					PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	and the same of th					55000000000000000000000000000000000000
City	State	Zip Code	М	D	Y	Amount
			11.0			

Page Total \$	6,475.00

^{*} 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)]