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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				Reg	istra	tion Nun	ber, if P	AC	
Joyce Bushman									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.	c.)			
125 Mackenzie Dr	City of Columbus / Administrator				Check				
City	Sta		Zip Code	M		D	Y	Amount	
Pickerington	0	Н	43147	0	7	1 2	0 7	5	0.00
Full Name of Contributor				Reg	istra	tion Nun	ber, if Pa	AC	
Harry Lehman									
Street Address	Employe	r/Occup	ation/Labor Organization	*				Form (Cash, Check, etc.)	
5 Pickett Place	Reti	red						Check	
City	Sta		Zip Code	M		D	Y	Amount	
New Albany	0	H	43054	0			0 7		0.00
Full Name of Contributor				Reg	istra	tion Nun	ber, if P	AC	
Scott Wilson Schiff									
Street Address			ation/Labor Organization					Form (Cash, Check, etc.	c.)
88 W. Main St.			nill and Associa					Check	
City	Sta		Zip Code	M		D	Y	Amount	
Columbus	0	H	43215	0			0 7		0.00
Full Name of Contributor				Reg	istra	tion Nun	iber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc	c.)				
City	Sta	ite	Zip Code	М		D	Y	Amount	
Full Name of Contributor			<u> </u>	Doo		tion Nun	har if D	VG.	
run Name of Controllor				Reg	isua	mon Mun	ider, ii P2	aC .	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc	c.)					
City	Sta	te	Zip Code	M		D	Y	Amount	
Full Name of Contributor				Reg	istra	tion Nun	ber, if Pa	AC	
Street Address	Employer	r/Occur	ation/Labor Organization	.*				Form (Cash, Check, etc.	c)
Succe Address	Linploye	лоссир	adon/Labor Organization	•				orm (Cash, Check, Cu	·.,
City	Sta	ite	Zip Code	М	 	D	Y	Amount	
Full Name of Contributor				Reg	istra	tion Nun	ber, if P	AC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.	c.)				
City	Sta	ite	Zip Code	M	: 	D	Y	Amount	
Full Name of Contributor Registration Number, if P.					AC				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc	c.)				
City	Sta	ite	Zip Code	М		D	Y	Amount	
tancing of four contributions from individuals area \$100 to statutide on	d1		didatas Tf santaibutania		_				

* 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 \$	350.00
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