

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Randy Borntreger					Registration Number, if PAC		
Street Address 522 S. Pearl Ave.		Employer/Occupation/Labor Organization* The Ohio Democratic Party / Communicat			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 75.00	
Full Name of Contributor Nancy Nance					Registration Number, if PAC		
Street Address 190 E. Beaumont Rd.		Employer/Occupation/Labor Organization* Nurse			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Richard Myers					Registration Number, if PAC		
Street Address 320 Delaney's Circle		Employer/Occupation/Labor Organization* Franklin County / Facilities Manager			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Bill Hedrick					Registration Number, if PAC		
Street Address 838 Thurber Ave., Apt. 22		Employer/Occupation/Labor Organization* City of Columbus / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	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	
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 \$ 375.00