31-A				
RC	3517	10		

Page	· · · ·	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

<u> </u>							<del></del>	
Name of Committee in Full								
Friends for Ginther								
Full Name of Contributor				Registration Number, if PAC				
Medical Mutual of Ohio				CI	2130			
Street Address	Employe	er/Occu	pation/Labor Organization*				Form (Cash, Chec	ck, etc )
2060 F. Nineth Street							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Cleveland	0	11	44115	0 8	0 6	0 9		500 00
Full Name of Contributor				Registr	ation Nui	mber, ıf I	PAC	
Judith S Rycus								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc )				
162 Misty Oak Place							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43230	0 8	0   6	0 9		100 00
Full Name of Contributor	Registration Number, if			mber, ıf l				
Columbus Apartment Association				O	H146			
Street Address	Employe	er/Occu	pation/Labor Organization*	_			Form (Cash, Ched	ck, etc )
1225 Dublin Rd							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	0	П	43215	1 0	1 3	0 9		500 00
Full Name of Contributor					ation Nui		AC	
Jeffrey Ginther				1				
Street Address	Employe	er/Occu	pation/Labor Organization*	_			Form (Cash, Chec	k. etc )
1199 Highland St						check	,	
City	Sta	ate	Zip Code	М	Т	ΙΥ	Amount	
Columbus	0	Н	43201		1 3			60 00
Full Name of Contributor			10201		ation Nui		PAC	- 00 00
Huntington BancShares Inc				-			165589	
Street Address	Employe	er/Occu	pation/Labor Organization*				Form (Cash, Chec	k etc )
41 South High Street			,				check	, 0.00 ,
City	Sta	ate	Zıp Code	м	D	ΙΥ	Amount	
Columbus	0	H	43215	1 0	1	0 9		,500 00
Full Name of Contributor		11	10.23		ation Nui			,000 00
JP Morgan Chase & Co PAC					01285		<i>.</i>	
Street Address	Employe	r/Occu	pation/Labor Organization*	C00120012			Form (Cash, Chec	vk etc )
10 S Dearborn St		, 0000	pation/ Labor Organization				check	ik, etc /
City	Sta	ıto.	Zıp Code	М	П	ΙΥ	Amount	<del> </del>
Chicago	1	1	60603	1 0	I .	0 9		,000 000,
Full Name of Contributor	1 1	<u>L</u>	00000		ation Nur			,000 00
Tull Name of Contributor				Registi	ation Nui	noer, ii r	AC	
Street Address	Cominus	-/0	pation/Labor Organization*				F (0   0   -	1 X
Street Address	Citibioye	:i/Occu	pation/Labor Organization"				Form (Cash, Chec	k, etc )
Coto			7-0-4-		Т	I v		
City	Sta	ate	Zip Code	M	D	Y	Amount	
Full Name of Contabutor			<u>.</u>		<u> </u>	ببا	<u></u>	·
Full Name of Contributor				Registr	ation Nur	mber, if F	AC	
Charles	· ·			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		k, etc )					
City	Sta	ate	Zip Code	M <sub>.</sub>	D	Y	Amount	

Page Total \$	3,660 00

<sup>\*</sup> 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)]