

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Medical Mutual of Ohio					Registration Number, if PAC CP130		
Street Address 2060 E. Ninth Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) check		
City Cleveland	State O H	Zip Code 44115	M 0 8	D 0 6	Y 0 9	Amount 500 00	
Full Name of Contributor Judith S Rycus					Registration Number, if PAC		
Street Address 162 Misty Oak Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) check		
City Columbus	State O H	Zip Code 43230	M 0 8	D 0 6	Y 0 9	Amount 100 00	
Full Name of Contributor Columbus Apartment Association					Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 3	Y 0 9	Amount 500 00	
Full Name of Contributor Jeffrey 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 1 0	D 1 3	Y 0 9	Amount 60 00	
Full Name of Contributor Huntington BancShares Inc					Registration Number, if PAC HBI-PAC COO165589		
Street Address 41 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 2	Y 0 9	Amount 1,500 00	
Full Name of Contributor JP Morgan Chase & Co PAC					Registration Number, if PAC C00128512		
Street Address 10 S Dearborn St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc) check		
City Chicago	State I L	Zip Code 60603	M 1 0	D 2 7	Y 0 9	Amount 1,000 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	

* 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 [RC 3517 10(B)(4)]

Page Total \$ 3,660 00