Page <u>1</u>	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends for Ginther Full Name of Contributor				Registration Number, if PAC			
Contributions from form 31-E			Rogist	iadon i va	moer, ir r		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
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O A J.J	Employer/Oss	upotion // abor Organization*				Form (Cash, Check, etc.)	
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Full Name of Contributor Registration Number, if Pa							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
Juve Addition							
City	State	Zip Code	М	D	ΙΥ	Amount	
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Page Total \$ 5,735.00

<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)]