

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Joseph Patchen					Registration Number, if PAC		
Street Address 288 Winthrop Rd		Employer/Occupation/Labor Organization* Carlile Patchen & Murphy / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 1 7	Y 0 7	Amount 200.00	
Full Name of Contributor Larry Price					Registration Number, if PAC		
Street Address 1587 Franklin Park S		Employer/Occupation/Labor Organization* Larry Price and Associates / Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 1 0	D 1 7	Y 0 7	Amount 200.00	
Full Name of Contributor George Boas					Registration Number, if PAC		
Street Address 824 Kerr St.		Employer/Occupation/Labor Organization* Ohio Senate Democratic Caucus / Exec. Di			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 1 7	Y 0 7	Amount 25.00	
Full Name of Contributor Vaughn Shannon					Registration Number, if PAC		
Street Address 803 W. 3rd St.		Employer/Occupation/Labor Organization* University of Northern Iowa / Assistant Pr			Form (Cash, Check, etc.) Check		
City Cedar Falls	State I A	Zip Code 50613	M 1 0	D 1 7	Y 0 7	Amount 15.00	
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 \$ 440.00