

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>Lisa Huang</b>					Registration Number, if PAC		
Street Address <b>6176 Haddo Way</b>		Employer/Occupation/Labor Organization* <b>Advanced Engineering Consultants, Limited</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Jerome Solove</b>					Registration Number, if PAC		
Street Address <b>2372 Bryton Dr.</b>		Employer/Occupation/Labor Organization* <b>Jerome Solove Development, / Owner</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Aaron Granger</b>					Registration Number, if PAC		
Street Address <b>6889 Bonnie Brae Lane</b>		Employer/Occupation/Labor Organization* <b>Schottenstein Zox &amp; Dunn / Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>4315</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>100.00</b>	
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	
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)]