

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Stephen A. Tucker					Registration Number, if PAC		
Street Address 330 E. Markison Ave.		Employer/Occupation/Labor Organization* Robert Weiler Company / Developer			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 0 5	D 1 6	Y 0 7	Amount 32.00	
Full Name of Contributor Robert Emrich					Registration Number, if PAC		
Street Address 731 Kerr St.		Employer/Occupation/Labor Organization* Road to Life Foundation / Founder			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 6	Y 0 7	Amount 32.00	
Full Name of Contributor Teamsters Local Union No. 413 Drive Fund					Registration Number, if PAC OH593		
Street Address 555 E. Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 6	Y 0 7	Amount 100.00	
Full Name of Contributor Wm. Brian Burgett					Registration Number, if PAC		
Street Address 8870 Ridge Rd.		Employer/Occupation/Labor Organization* Kokosing Contruction Co. / President			Form (Cash, Check, etc.) Check		
City Fredericktown	State O H	Zip Code 43019	M 0 5	D 1 6	Y 0 7	Amount 1,000.00	
Full Name of Contributor Committee for Joyce Beatty State Representative					Registration Number, if PAC		
Street Address 233 S. High St., Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 6	Y 0 7	Amount 100.00	
Full Name of Contributor Patricia S. Lantis					Registration Number, if PAC		
Street Address 4130 Herald Square Place		Employer/Occupation/Labor Organization* Vacation Time Travel / Indpt. Travel Agen			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 5	D 1 6	Y 0 7	Amount 32.00	
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. [R.C. 3517.10(B)(4)]

Page Total \$ 1,296.00