Page	1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Ginther								
Full Name of Contributor			Registr	ration Nur	nber, if PA	AC:		
BIA Build PAC of Central Ohio					uc,			
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)		
495 Executive Campus Drive		.puttern 2000				Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	OH		1 0	1 .	1 .	1,000.00		
Full Name of Contributor		10002			nber, if P			
Street Address	Employer/Occi	upation/Labor Organization*		(	-	Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ration Nur	nber, if P	AC		
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registr	ation Nur	mber, if PA	AC		
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
						<u> </u>		
Full Name of Contributor Registration Number, if PAC								
						-		
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)		
				<del></del>	<del></del>			
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>	1.67			
Full Name of Contributor			Registr	ation Nur	mber, if PA	AC		
	1- 1- 10					=		
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)		
		1	1 52	<del></del>	1 ,,	<u> </u>		
City	State	Zip Code	M	D	Y	Amount		
			2	No.	1 :6D			
Full Name of Contributor			Kegisu	ation Nur	nber, if PA	AC		
	In lawar/Oak					Charle ota)		
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)		
		Tay 0.1	1 34	T D	T 7/			
City	State	Zip Code	M	D	Y	Amount		
Eux co di			D	N	1 : :6D	10		
Full Name of Contributor Registration Number, if Pa						AC		
0	F1/0	Form (Cosh Chook ata)						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
C'	- Gua	g:_0.1.	Lv	T 5	Tv	A		
City	State	Zip Code	M	D	Y	Amount		
İ								

Page Total \$ 1,000.00

<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)]