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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Ginther								
Full Name of Contributor				Registr	ation N	umbe	r. if PA	·C
JP Morgan Chase and Co. PAC				_	0128			
Street Address	Employer	Occup.	ation/Labor Organization*		0120	012		Form (Cash, Check, etc.)
10 S. Dearborn St.		•	3					Check
City	Stat	e	Zip Code	1 M	D	Т	Y	Amount
Chicago	T 1	L	60603	0 7			7	500.00
Full Name of Contributor	1 -		1 00000		ation N			<u> </u>
Virginia Leidheiser				ľ			•	
Street Address	Employer	Оссир/	ation/Labor Organization*	Ь—			- 1	Form (Cash, Check, etc.)
3592 Delamere Ave		Retired				Check		
City	Stat		Zip Code	Тм	D	\top	Y	Amount
Columbus	0	Н	43220	0/7	$ _{1} $	7 0) 7	10.00
Full Name of Contributor	Ŭ		10220		ation N			
Mark Corna								
Street Address	Employer	Оссир/	ation/Labor Organization*					Form (Cash, Check, etc.)
2034 Quary Crest Dr.		_	Koskosing / Presi	dent				Check
City	Stat		Zip Code	M	D	Т	Y	Amount
Columbus	0	Н	43204	0/7	$ _{1} $	- 1) 7	100.00
Full Name of Contributor			1 10201		ation N	,		
Jonathan Varner				ľ			·	
Street Address	Employer	/Occup	ation/Labor Organization*	L				Form (Cash, Check, etc.)
3729 Canon Ridge Place	Jonathan Varner and Associates/ President Check							
City	Stat		Zip Code	М	T D		Y	Amount
Columbus	lol	Н	43230	017	1	7 0	$0 \mid 7$	150.00
Full Name of Contributor			10200				,	
	Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
		•	J					,
City	Stat	te	Zip Code	М	D	T	Y	Amount
					1		1	
Full Name of Contributor			<u> </u>	Registr	ation N	umbe	τ, if PA	vC
Tail Table of Condition								
Street Address	Employer	/Occup	ation/Labor Organization*			_		Form (Cash, Check, etc.)
	` `		C					
City	Star	te	Zip Code	М	D	Т	Y	Amount
			•					
Full Name of Contributor			<u> </u>	Registr	ation N	umbe	r, if PA	AC
				Ĭ				
Street Address	Employer	/Оссир	ation/Labor Organization*					Form (Cash, Check, etc.)
		•	J					. , , , ,
City	Stat	te	Zip Code	М	D	Т	Y	Amount
					1 .		1	
Full Name of Contributor	i			Registr	ation N	umbe	r, if PA	AC
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
		- · · F	J					, ,
City	Star	te	Zip Code	М	D		Y	Amount
			1: 1 TC	بلب	ــــــــــــــــــــــــــــــــــــــ			

Page Total \$	760.00

^{*} 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)]