

# 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>JP Morgan Chase and Co. PAC</b>					Registration Number, if PAC <b>C00128512</b>		
Street Address <b>10 S. Dearborn St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Chicago</b>	State <b>I</b>	Zip Code <b>L 60603</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Virginia Leidheiser</b>					Registration Number, if PAC		
Street Address <b>3592 Delamere Ave</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43220</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Mark Corna</b>					Registration Number, if PAC		
Street Address <b>2034 Quarry Crest Dr.</b>		Employer/Occupation/Labor Organization* <b>Corna / Koskosing / President</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43204</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Jonathan Varner</b>					Registration Number, if PAC		
Street Address <b>3729 Canon Ridge Place</b>		Employer/Occupation/Labor Organization* <b>Jonathan Varner and Associates/ President</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43230</b>	M <b>0</b>	D <b>7</b>	Y <b>1</b>	Amount <b>150.00</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	

\* 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)]