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			Registra	tion Nun	ber, if Pa	AC
BIA Build PAC						
Street Address	Employer/Occu	ipation/Labor Organizatio	n*			Form (Cash, Check, etc.)
495 Executive Campus Dr.	Homeb	uilders				Check
City	State	Zip Code	М	D	Y	Amount
Westerville	ОІН	43082	016	016	0 7	500.00
Full Name of Contributor		10002			ber, if P	
W.H. Vielhauer II			ľ		•	
Street Address	Employer/Occi	pation/Labor Organizatio	nn*			Form (Cash, Check, etc.)
	Employon	ipadois Eurori Organizado				Check
6614 Quail Lake ^{City}	State	Zip Code	М	D	ΙΥ	Amount
	1					
Mason	O H	45040			0 7	
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC
Jeffrey M. Lauria, Ph.D.						
Street Address		ipation/Labor Organizatio				Form (Cash, Check, etc.)
1745 White Oak Dr.	Malcon	n Pirnie / Cons	ultant			Check
City	State	Zip Code	M	D	Y	Amount
Delaware	O H	43015	0 6	0 6	0 7	100.00
Full Name of Contributor					ber, if P	AC
Street Address	Employer/Occu	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)
City	State	Zip Code	l M	D	Y	Amount
1		*	l 1	1		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC
			regiona.	LION TIGHT	,	
Street Address	Employer/Occu	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)
ogott radios	Zimpio jen ceed	padon/Eudor Organizado				Torin (Cash, Chock, Cac.)
Cit.	Carre	7:- C- 1.	T 34	l n	1 37	A
City	State	Zip Code	M	D	Y	Amount
				<u> </u>		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
	•					
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	TW- HT LINE		Registra	tion Num	ber, if PA	AC
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
				l]	
Full Name of Contributor			Pegistra	tion Num	ber, if PA	\C
Tun Name of Conditions			Registia	uon ivan	ioci, ii i r	i¢
Street Address	Elove-/0	pation/Labor Organization	<u> </u>			Form (Cook Charle sta)
Street Address	Employer/Occu	pauon/Lador Organizatio	11 -			Form (Cash, Check, etc.)
-				-		
City	State	Zip Code	M	D	Y	Amount

Page Total \$	700.00	
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^{*} 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)]