Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends for Ginther			Danist	ation M	nber, if P	A.C.
Full Name of Contributor			Registr	auon Nüi	noci, ii P/	1 C
David B. Perry Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
6651 Dutch Lane Rd.	Employer/Occupation/Labor Organization* The David Perry Co. / President Pres			f		Check
City	State	Zip Code	м	l D	ΙΥ	Amount
Johnstown	O H	43031			0 7	8
Full Name of Contributor	<u> </u>	<u> </u>	Registr	ation Nu	nber, if Pa	AC
I.B.E.W C.O.P.E.			802	26		
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
900 Seventh St. NW						Check
City	State	Zip Code	M	D	Y	Amount
Washington	DC	20001			0 7	
Full Name of Contributor			Registr	ation Nu	nber, if P	AC
Carol Wolfenbarger	le · ·-			-		F (0-1-0)
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
210 Preston Rd.	State	Zip Code	M	T D	Y	Check Amount
City Columbus	State O H	43209			0 7	
Full Name of Contributor	0 11	43209			nber, if P	
Kevin Durkin			Rogisa	auon i vai	11001, 11 1 2	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
471 East Broad St., Suite 1100	Kevin Durkin / Attorney-at			7		Check
City	State	Zip Code	M	D	Y	Amount
Columbus	ОН	43215	$0 \mid 4$	3 0	0 7	250.00
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·			nber, if P	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
					,	····
City	State	Zip Code	M	D	Y	Amount
			D 1.	<u> </u>	1 :00	
Full Name of Contributor			Registr	ation Nui	nber, if Pa	AC .
Street Address	Furthern (Our stire flater Our significant				Form (Cash, Check, etc.)	
Succi Addiess	Employer/Occupation/Labor Organization*				Torm (Cash, Chook, out.)	
City	State	Zip Code	M	D	Y	Amount
				Ιī		
Full Name of Contributor	1 .	<u></u>	Registr	ation Nu	nber, if P	AC
Ì						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	<u> </u>					
Full Name of Contributor			Registr	ation Nu	nber, if Pa	AC
-						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
		la: c i	1	1 ~	T 77	
City	State	Zip Code	M	D	Y	Amount
			بلبل	<u> </u>	<u> </u>	<u>L</u>

Page Total \$	1,550.00

^{*} 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)]