

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Randy S. Borntrager					Registration Number, if PAC		
Street Address 522 S. Pearl Ave.		Employer/Occupation/Labor Organization* OH Dem Party / Communcations Director			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 0 7	Y 0 7	Amount 35.00	
Full Name of Contributor Jill K. Tangeman					Registration Number, if PAC		
Street Address 1138 Sea Shell Dr.		Employer/Occupation/Labor Organization* Vorys, Sater & Seymour / Attorney			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 5	D 0 7	Y 0 7	Amount 100.00	
Full Name of Contributor Carl Faller					Registration Number, if PAC		
Street Address 938 City Park Ave.		Employer/Occupation/Labor Organization* Self-employed / Real Estate			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 5	D 0 7	Y 0 7	Amount 100.00	
Full Name of Contributor United Steelworkers Dist. 1 PCE					Registration Number, if PAC PCE		
Street Address 777 Dearborn Park Lane, Suite J		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43085	M 0 5	D 0 7	Y 0 7	Amount 100.00	
Full Name of Contributor Frank W. Hale, Jr., PH.D.					Registration Number, if PAC		
Street Address 1617 Slade Ave.		Employer/Occupation/Labor Organization* Ohio State University / Vice Provost and P			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 5	D 0 7	Y 0 7	Amount 25.00	
Full Name of Contributor Sally S. Rogers					Registration Number, if PAC		
Street Address 153 Chase Rd.		Employer/Occupation/Labor Organization* JP Morgan Chase			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 5	D 0 7	Y 0 7	Amount 35.00	
Full Name of Contributor Nancy L. Nance					Registration Number, if PAC		
Street Address 190 E. Beaumont		Employer/Occupation/Labor Organization* Ohio Health / Nurse			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 5	D 0 7	Y 0 7	Amount 50.00	
Full Name of Contributor Laurence G. Ruben					Registration Number, if PAC		
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization* Plaza Properties /CEO			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 5	D 0 7	Y 0 7	Amount 250.00	

* 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)]

Page Total \$ 695.00