

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor PolicyWorks LLC					Registration Number, if PAC		
Street Address 155 W. Main Street Suite 1704		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43215	M 0   9	D 2   9	Y 0   8	Amount 500.00	
Full Name of Contributor James Bunsey					Registration Number, if PAC		
Street Address 5377 Rustic Hills West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Medina	State O   H	Zip Code 44258	M 0   9	D 2   9	Y 0   8	Amount 1,000.00	
Full Name of Contributor Joseph Rose					Registration Number, if PAC		
Street Address 22 W. 26th Street 11th Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New York	State N   Y	Zip Code 10010	M 1   0	D 0   3	Y 0   8	Amount 2,000.00	
Full Name of Contributor Civil Engineers for a Civil Government					Registration Number, if PAC		
Street Address 12855 Wheaton Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pickerington	State O   H	Zip Code 43147	M 1   0	D 0   3	Y 0   8	Amount 1,000.00	
Full Name of Contributor Brian P. Kinzelman					Registration Number, if PAC		
Street Address 4200 Randmore Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O   H	Zip Code 43220	M 1   0	D 1   7	Y 0   8	Amount 200.00	
Full Name of Contributor NISOURCE Inc.					Registration Number, if PAC PAC C00061979		
Street Address 200 Civic Center Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43215	M 1   0	D 3   0	Y 0   8	Amount 250.00	
Full Name of Contributor Columbus Apartment Association					Registration Number, if PAC PAC #OH 146		
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43215	M 1   1	D 2   2	Y 0   8	Amount 500.00	
Full Name of Contributor Wayne A. Garland					Registration Number, if PAC		
Street Address 492 Windwillow Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O   H	Zip Code 43065	M 1   1	D 2   2	Y 0   8	Amount 100.00	

\* 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 \$ 5,550.00