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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends for Ginther							
Full Name of Contributor			Regist	Registration Number, if PAC			
Central Ohio Realtors PAC	In 1 6						
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)	
2700 Airport Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43219			0 7		
Full Name of Contributor			Regist	ration Nu	mber, if Pa	AC	
Leon David Bass							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
300 East Braod St., Suite 300		The Law Offices of Leon Daivd Bass / A				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	1 ($1 \mid \epsilon$	0 7	50.00	
Full Name of Contributor	Registration Number, if P.				mber, if P	AC	
Jeffrey Porter							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2528 Bloxom Street	Kegler,	Brown, Hill ar	ıd Ritter /	/ Attorney Check			
City	State	Zip Code	M	D	Y	Amount	
Grove City	O H	43123	1 0	1 e	0 7	100.00	
Full Name of Contributor					mber, if Pa		
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor		•	Registr	ation Nu	mber, if P	AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		•	Registr	ation Nu	mber, if P	AC	
			- 1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		1	I 1				
Full Name of Contributor			Registr	ation Nu	mber, if Pa	AC	
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)	
	1 1						
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	mber, if PA	AC	
			riogiou.	atton 1.a			
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)	
	Employer/occu	2				i orin (Caon, Chook, Cho.)	
City	State	Zip Code	М	D	Υ	Amount	
	Jac	Zap Code	141		1 1	1 Milouit	

Page Total \$ 1,650.00

^{*} 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)]