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	Registration Number, if PAC							
Todd Lucas									
Street Address		ipation/Labor Organizati				Form (Cash, Check, etc.)			
415 E. Weber Rd		hannel Outdo	or / Sales I		senta				
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43202	0 8	1 0	0 7		42.00		
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC			
Chester Christie									
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*							
1344 Eldorn Dr	Columb	Columbus Chamber of Commerce I							
City	State	Zip Code	M	D	Y	Amount			
Columbus	O   H	43207	0 8	1 0	0 7		25.00		
Full Name of Contributor	•				Registration Number, if PAC				
Street Address	pation/Labor Organizati	on*			Form (Cash, Cl	neck, etc.)			
City	State	Zip Code	M	D	Y	Amount			
			<b>I</b> 1	1					
Full Name of Contributor			Registra	tion Num	ber, if Pa	AC			
Street Address	Employer/Occu	pation/Labor Organizati	on*			Form (Cash, Cl	neck, etc.)		
	,	·					,,		
City	State	Zip Code	M	D	Y	Amount			
		Lip cour	"	Ιĩ		i iniouni			
Full Name of Contributor			Registra	tion Nun	her if P	AC			
Tan Name of Condition			Rogistia	idon i tun	1001, 11 1 2	i.e			
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Succe Address	Employer/occi	Employer/Occupation/Labor Organization*				Torin (Cash, Ci	icck, cic.)		
City	State	Zip Code	М	D	Y	Amount			
City	State	Zip Code	l M	1 1	1	Amount			
Full Name of Contributor			Dagista	tion Nun	ha- if D	<u> </u>			
run Name of Condidutor			Registra	idon Nun	1001, 11 17	AC .			
Carra A J.J.	Ir. 1		*			E (C). (I	1>		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.				
ar.	0	Ta: 0.1	1 1/	1 5	1 17				
City	State	Zip Code	M	D	Y	Amount			
			n i						
Full Name of Contributor			Registra	tion Nun	iber, if Pa	AC			
	<b>I</b>					<b></b>			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Cl	ieck, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor	<del>.</del>		Registra	tion Nun	ber, if Pa	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Cl	neck, etc.)		
						ł			
City	State	Zip Code	М	D	Y	Amount			
			<b>l</b> 1						
	<b>'</b>								

Page Total \$ 67.00

<sup>\*</sup> 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)]