Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							 	
Friends for Ginther								
Full Name of Contributor				Registr	ation Nur	nber, if P	AC.	
PolicyWorks LLC						,		
Street Address	Employe	er/Occup	ation/Labor Organization*			• •	Form (Cash, Che	eck, etc.)
155 West Main St., Suite 1704	` `	•	3				Check	,
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		H	43215	$ _{1 1}$	0 1	0 7		500.00
Full Name of Contributor						nber, if P		000.00
Marc Guance								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)	
371 E. Torrence Rd.	Tactical Edge / Consultant						Check	
City		ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43214	1 1	01	017		250.00
Full Name of Contributor			•			nber, if P	AC	
Mary Ann Potter Lewis								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)
868 Lynbrook Rd.	First Community Bank / First Vice Presiden						Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43235	1 1 1	0 1	0 7		100.00
Full Name of Contributor				Registra	ation Nur	nber, if P.	AC	
Dan Stewart for State Representative								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
947 Goodale Blvd							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43212	1 1	0 1	0 7		250.00
Full Name of Contributor				ľ		nber, if P	AC	•
Parsons Brinckerhoff, Inc.PAC				C0	02870	03		
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
One Penn Plaza							Check	
City	1 .	ate	Zip Code	M	D	Y	Amount	
New York	N	Y	10119	1 1	0 1	0 7		500.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC	
	I							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck, etc.)
C'			In: a t	137	T 5	1		
City	St	ate I	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Davisas	-t' N	-t :en	1	
Full Name of Condition				Registra	auon Nun	nber, if P	AC.	
Street Address	Employe	r/Occup	otion/Labor Organization*				Form (Cook Che	ools ata \
Succe Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck, etc.)
City	C+	ate	Zip Code	LM	T n	I v	A	
City	30	ale	Zip Code	M	D	Y	Amount	
Full Name of Contributor	<u> </u>			Dogista	ntion Num	aber, if Pa	100	
Full Ivalue of Condition				Registra	auon ivun	noer, ii Pa	AC .	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ock etc.)
04001 144400	Employer/Occupation/Labor Organization*						I OIIII (CASII, CII	ck, cu.)
City	Sta	ate	Zip Code	М	D	Y	Amount	
			LAP COUC	141	ا		/ Milount	
	1.		<u> </u>	<u></u>				

Page Total \$ 1,600.00

^{*} 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)]