

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 West Main St., Suite 1704			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 1 1	D 0 1	Y 0 7	Amount 500.00
Full Name of Contributor Marc Guance						Registration Number, if PAC	
Street Address 371 E. Torrence Rd.			Employer/Occupation/Labor Organization* Tactical Edge / Consultant			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43214	M 1 1	D 0 1	Y 0 7	Amount 250.00
Full Name of Contributor Mary Ann Potter Lewis						Registration Number, if PAC	
Street Address 868 Lynbrook Rd.			Employer/Occupation/Labor Organization* First Community Bank / First Vice President			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43235	M 1 1	D 0 1	Y 0 7	Amount 100.00
Full Name of Contributor Dan Stewart for State Representative						Registration Number, if PAC	
Street Address 947 Goodale Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43212	M 1 1	D 0 1	Y 0 7	Amount 250.00
Full Name of Contributor Parsons Brinckerhoff, Inc.PAC						Registration Number, if PAC C00287003	
Street Address One Penn Plaza			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New York		State N Y	Zip Code 10119	M 1 1	D 0 1	Y 0 7	Amount 500.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

* 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 \$ 1,600.00