| Page | <u>1</u> |  |
|------|----------|--|

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full   |                                       |   |          |                             |             |                               |            |  |
|-----------------------------|---------------------------------------|---|----------|-----------------------------|-------------|-------------------------------|------------|--|
| Friends for Ginther         |                                       |   |          |                             |             |                               |            |  |
| Full Name of Contributor    |                                       |   |          | Registration Number, if PAC |             |                               |            |  |
| Todd Lucas                  |                                       |   |          |                             | ,           |                               |            |  |
| Street Address              | Employer/Occu                         | Employer/Occupation/Labor Organization* |          |                             |             | Form (Cash, Check, etc.)      |            |  |
| 415 E. Weber Rd.            |                                       |   |          |                             |             | Check                         |            |  |
| City                        | State                                 | Clear Channel / Sales State   Zip Code  |          |                             | Y           | Amount                        |            |  |
| Columbus                    |                                       | -                                       | M        | D<br>0 6                    | 1           |                               | 5.06       |  |
| Full Name of Contributor    | 0 11                                  | O H 43202                               |          |                             |             | 3.06                          |            |  |
|                             |                                       |   | Registr  | ation Nur                   | nber, n P.  | AC                            |            |  |
| Adam Friedman               |                                       |   |          |                             |             | 2 12 1 21                     |            |  |
| Street Address              | " '                                   | Employer/Occupation/Labor Organization* |          |                             |             | Form (Cash, Check, etc.)      |            |  |
| 1784 Canvasback Lane        |                                       | OH Media Strategies / Ad                |          |                             |             |                               | <u> </u>   |  |
| City                        | State                                 | Zip Code                                | M        | D                           | Y           | Amount                        |            |  |
| Columbus                    | O   H                                 | 43215                                   | 0 8      | 0 6                         | 0 7         |                               | 10.00      |  |
| Full Name of Contributor    | Registration Number, if PAC           |   |          |                             |             |                               |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| Street Address              | Employer/Occu                         | pation/Labor Organization*              |          |                             |             | Form (Cash, Check, etc.)      |            |  |
| ļ                           |                                       |   |          |                             |             |                               |            |  |
| City                        | State                                 | Zip Code                                | M        | D                           | Y           | Amount                        |            |  |
|                             | <b>i</b> 1                            |   |          |                             | 1 1         |                               |            |  |
| Full Name of Contributor    | <u> </u>                              | <u> </u>                                | Registr  | ation Nun                   | nber, if P  | AC                            |            |  |
|                             |                                       |   | ľ        |                             | ·           |                               |            |  |
| Street Address              | Employer/Occu                         | pation/Labor Organization*              |          | Form (Cash, Check, etc.)    |             |                               |            |  |
|                             | 2                                     | panon Sucor Organization                |          |                             |             | Committee (Company Committee) | , 0.0.,    |  |
| City                        | State                                 | Zip Code                                | М        | D                           | ΙΥ          | Amount                        |            |  |
| City                        | State                                 | Zip Code                                | I WI     |                             | 1           | Amount                        |            |  |
| Dall Marie of Co. All lands |                                       | ļ                                       |          |                             | 1           |                               |            |  |
| Full Name of Contributor    |                                       |   | Registr  | ation Nun                   | nber, if Pa | AC .                          |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| Street Address              | Employer/Occu                         | Employer/Occupation/Labor Organization* |          |                             |             | Form (Cash, Check, etc.)      |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| City                        | State                                 | Zip Code                                | M        | D                           | Y           | Amount                        |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| Full Name of Contributor    | · · · · · · · · · · · · · · · · · · · |   | Registr  | ation Nun                   | nber, if Pa | AC                            |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| Street Address              | Employer/Occu                         | Employer/Occupation/Labor Organization* |          |                             |             | Form (Cash, Ch                | eck, etc.) |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| City                        | State                                 | Zip Code                                | М        | D                           | Y           | Amount                        |            |  |
|                             |                                       |   | 1        | L                           |             |                               |            |  |
| Full Name of Contributor    |                                       |   | Registr  | ation Nun                   | nber, if P  | AC.                           |            |  |
|                             |                                       |   |          |                             | ,           |                               |            |  |
| Street Address              | Employer/Occu                         | pation/Labor Organization*              |          |                             |             | Form (Cash, Ch                | eck etc.)  |  |
| out radios                  | Employenoccu                          | pation/Labor Organization               |          |                             |             | i orin (Cash, Ch              | cck, cic.) |  |
| O't-                        | 0                                     | IZ: 0.1                                 | 1.77     | T 5                         | 1 37        |                               |            |  |
| City                        | State                                 | Zip Code                                | M        | D                           | Y           | Amount                        |            |  |
|                             |                                       | <u> </u>                                |          |                             |             |                               |            |  |
| Full Name of Contributor    |                                       |   | Registra | ation Nun                   | nber, if Pa | AC                            |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |
| Street Address              | Employer/Occu                         | Employer/Occupation/Labor Organization* |          |                             |             | Form (Cash, Ch                | eck, etc.) |  |
|                             |                                       |   |          |                             |             | l                             |            |  |
| City                        | State                                 | Zip Code                                | М        | D                           | Y           | Amount                        | •          |  |
|                             |                                       |   |          |                             |             |                               |            |  |
|                             |                                       |   |          |                             |             |                               |            |  |

Page Total \$ 15.06

<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)]