

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Nationwide Better Citizenship Fund					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza 1-32-06		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 3 1	Y 0 7	Amount 500.00	
Full Name of Contributor Lee M. Smith					Registration Number, if PAC		
Street Address 929 Harrison Ave., Suite 300		Employer/Occupation/Labor Organization* Smith & Associates / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 3 1	Y 0 7	Amount 500.00	
Full Name of Contributor Sharyl W. Ginther					Registration Number, if PAC		
Street Address 687 Delaware Ave.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Akron	State O H	Zip Code 44303	M 0 5	D 3 1	Y 0 7	Amount 100.00	
Full Name of Contributor Dwight Smith					Registration Number, if PAC		
Street Address 2881 Swisher Creek Crossing Ct.		Employer/Occupation/Labor Organization* Sophisticated Systems / CEO			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 5	D 3 1	Y 0 7	Amount 250.00	
Full Name of Contributor Marie S. Keister					Registration Number, if PAC		
Street Address 7759 Crawley Dr.		Employer/Occupation/Labor Organization* Engage Communications / President			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 5	D 3 1	Y 0 7	Amount 50.00	
Full Name of Contributor Denise Goodman, Ph.D.					Registration Number, if PAC		
Street Address 1824 Snouffer Rd.		Employer/Occupation/Labor Organization* Trainer / Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43085	M 0 5	D 3 1	Y 0 7	Amount 50.00	
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	

* 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)]