

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor OCSEA / AFSCME Local 11 PAC						Registration Number, if PAC # LA292	
Street Address 390 Worthington Rd., Suite A			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State O H	Zip Code 43082	M 1 0	D 2 7	Y 0 7	Amount 250.00
Full Name of Contributor IBEW-COPE						Registration Number, if PAC # 8026	
Street Address 23 West Second Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43201	M 1 0	D 2 7	Y 0 7	Amount 1,000.00
Full Name of Contributor Andrew Showe						Registration Number, if PAC	
Street Address 45 North Fourth St., Suite 200			Employer/Occupation/Labor Organization* Showe Management Corporation			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 7	Amount 500.00
Full Name of Contributor Friends of Dean Hernandez						Registration Number, if PAC	
Street Address 6540 Fox Hollow Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galena		State O H	Zip Code 43021	M 1 0	D 2 7	Y 0 7	Amount 500.00
Full Name of Contributor Thomas Grote						Registration Number, if PAC	
Street Address 982 Jaeger St.			Employer/Occupation/Labor Organization* Best Effort/Best Effort			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43206	M 1 0	D 2 7	Y 0 7	Amount 250.00
Full Name of Contributor Rita Bova						Registration Number, if PAC	
Street Address 469 E. Torrence Rd.			Employer/Occupation/Labor Organization* Colmubus Community College/Professor			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43214	M 1 0	D 2 7	Y 0 7	Amount 35.00
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)]

Page Total \$ 2,535.00