Page Z

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Ginther								
Full Name of Contributor	Management of the Control of the Con			Registration Number, if PAC				
Cynthia Rickman								
Street Address	1	Employer/Occupation/Labor Organization*			_	Form (Cash, Check, etc.)		
7690 Rodebaugh Rd	Columb	Columbus Dept. of Dev			dmini	Check		
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	O H	43068		1 9		50.	00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC		
Barb Seckler								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
274 Westwood	City of (City of Columbus / Dep			rector	Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43214	1 0	1 9	0 7	50.	00	
Full Name of Contributor					Registration Number, if PAC			
Matthew Brown								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1142 Pennsylvia Ave.	Franklir	Franklin County				Check		
City	State	Zip Code				Amount		
Columbus	ОІН	43204	1 0	1 9	0 7	50.	.00	
Full Name of Contributor					ber, if PA			
Jose Rodriguez								
Street Address	Employer/Occur	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)		
1000 Urlin Ave. Apt 503		Columbus Dept. of Health / Ad			trator	Check		
City		State Zip Code			Y	Amount		
Columbus	OH	43212	$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	D 1 9	0 7	100.	വ	
Full Name of Contributor	10 12	40212			ber, if PA		00	
Iames Reesa			Rogioua	don i di	1001, 11 1 1			
James Reesa Street Address	Employer/Occur	pation/Labor Organizatio	*			Form (Cash, Check, etc.)		
	- ·	City of Columbus				Check -		
133 E. Deshler Ave	State	Zip Code	T M	M D Y		Amount		
City		1 -					ഹ	
Columbus Full Name of Contributor	O H	43206	- v			100.	UU	
Full Name of Contributor			Registra	uon Nun	nber, if PA	AC .		
Street Address Employer/Occupation/Labor Organization*						Control Charlester		
Street Address	Employer/Occuj	n*			Form (Cash, Check, etc.)			
-		Ta: 3 .	1.74	<u> </u>	T 37			
City	State	Zip Code	M	D	Y	Amount		
						_		
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC		
Street Address	Employer/Occuj	n*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
Pull Name of Contributor Registration Number, if I						AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				_				

Page Total \$ 350.00

^{*} 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)]