

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Cynthia Rickman					Registration Number, if PAC		
Street Address 7690 Rodebaugh Rd		Employer/Occupation/Labor Organization* Columbus Dept. of Development / Admin			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 1 9	Y 0 7	Amount 50.00	
Full Name of Contributor Barb Seckler					Registration Number, if PAC		
Street Address 274 Westwood		Employer/Occupation/Labor Organization* City of Columbus / Deputy Safety Director			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 1 9	Y 0 7	Amount 50.00	
Full Name of Contributor Matthew Brown					Registration Number, if PAC		
Street Address 1142 Pennsylvania Ave.		Employer/Occupation/Labor Organization* Franklin County			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1 0	D 1 9	Y 0 7	Amount 50.00	
Full Name of Contributor Jose Rodriguez					Registration Number, if PAC		
Street Address 1000 Urlin Ave. Apt 503		Employer/Occupation/Labor Organization* Columbus Dept. of Health / Administrator			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 1 9	Y 0 7	Amount 100.00	
Full Name of Contributor James Reesa					Registration Number, if PAC		
Street Address 133 E. Deshler Ave		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check -		
City Columbus	State O H	Zip Code 43206	M 1 0	D 1 9	Y 0 7	Amount 100.00	
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)]