

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|--|-------------------|-------------------|--|---------------------------|--|
| Name of Committee in Full Friends for Ginther | | | | | | | |
| Full Name of Contributor Harrison Smith, Jr. | | | | | Registration Number, if PAC | | |
| Street Address 767 Macon Aly | | Employer/Occupation/Labor Organization* Smith and Hale / Partner | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43206 | M 1 0 | D 2 4 | Y 0 7 | Amount 1,000.00 | |
| Full Name of Contributor Trudy Bartley | | | | | Registration Number, if PAC | | |
| Street Address 7517 Ogden Woods Blvd. | | Employer/Occupation/Labor Organization* Sean Dunn and Associates | | | Form (Cash, Check, etc.) Check | | |
| City New Albany | State O H | Zip Code 43054 | M 1 0 | D 2 4 | Y 0 7 | Amount 50.00 | |
| Full Name of Contributor Katie Zak | | | | | Registration Number, if PAC | | |
| Street Address 501 E. Torrence Rd. | | Employer/Occupation/Labor Organization* Housewife | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43214 | M 1 0 | D 2 4 | Y 0 7 | Amount 20.00 | |
| Full Name of Contributor Kara Prem | | | | | Registration Number, if PAC | | |
| Street Address 1274 Amol Lane | | Employer/Occupation/Labor Organization* Self-employed / Home Cleaner | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43235 | M 1 0 | D 2 4 | Y 0 7 | Amount 30.00 | |
| 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 | |
| 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 \$ 1,100.00