

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Jeffrey Loeser					Registration Number, if PAC		
Street Address 1331 Bruck St		Employer/Occupation/Labor Organization* State of Ohio / Asst. Attorney General			Form (Cash, Check, etc.) Online Contribution		
City Columbus	State O H	Zip Code 43206	M 1 1	D 0 5	Y 0 7	Amount 100.00	
Full Name of Contributor Chad McCoury					Registration Number, if PAC		
Street Address 1091 Harrison Ave.		Employer/Occupation/Labor Organization* Columbus AIDS Task Force / CEO			Form (Cash, Check, etc.) Online Contribution		
City Columbus	State O H	Zip Code 43201	M 1 1	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor David Perry					Registration Number, if PAC		
Street Address 6651 Dutch Lane Road		Employer/Occupation/Labor Organization* The David Perry Company / Planner			Form (Cash, Check, etc.) Online Contribution		
City Johnstown	State O H	Zip Code 43031	M 1 1	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Betsy Poling					Registration Number, if PAC		
Street Address 567 E. Stanton Ave.		Employer/Occupation/Labor Organization* Columbus Public Schools / Teacher			Form (Cash, Check, etc.) Online Contribution		
City Columbus	State O H	Zip Code 43214	M 1 1	D 0 5	Y 0 7	Amount 25.00	
Full Name of Contributor D. Michael Sheline					Registration Number, if PAC		
Street Address 912 Bernard Rd.		Employer/Occupation/Labor Organization* Burlington/Management			Form (Cash, Check, etc.) Online Contribution		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor Patrick Bevilacqua					Registration Number, if PAC		
Street Address 5100 Schott Rd.		Employer/Occupation/Labor Organization* Bevilacqua Builders / Self-Employed			Form (Cash, Check, etc.) Online Contribution		
City Westerville	State O H	Zip Code 43081	M 1 1	D 0 5	Y 0 7	Amount 200.00	
Full Name of Contributor David Celebrezze					Registration Number, if PAC		
Street Address 1459 West Lane Ave		Employer/Occupation/Labor Organization* Ohio Environmental Council / Outreach C			Form (Cash, Check, etc.) Online Contribution		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 5	Y 0 7	Amount 20.00	
Full Name of Contributor Daniel Koch					Registration Number, if PAC		
Street Address 1127 N High Street		Employer/Occupation/Labor Organization* Columbus Eyeworks/Self			Form (Cash, Check, etc.) Online Contribution		
City Columbus	State O H	Zip Code 43201	M 1 1	D 0 5	Y 0 7	Amount 250.00	

* 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)]