

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Matthew Kelly					Registration Number, if PAC		
Street Address 545 Bradley Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43201	M 0   6	D 3   0	Y 0   8	Amount 35.00	
Full Name of Contributor Fraternal Order of Police Lodge 9					Registration Number, if PAC		
Street Address 6800 Shrock Hill Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43229	M 0   6	D 2   7	Y 0   8	Amount 250.00	
Full Name of Contributor Tobias Iloka					Registration Number, if PAC		
Street Address 6677 Spring Run Dr.		Employer/Occupation/Labor Organization* Drynotech/President			Form (Cash, Check, etc.) check		
City Westerville	State O   H	Zip Code 43082	M 0   7	D 0   2	Y 0   8	Amount 1,000.00	
Full Name of Contributor Laurence Ruben					Registration Number, if PAC		
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization* Plaza Properties			Form (Cash, Check, etc.) check		
City Bexley	State O   H	Zip Code 43209	M 0   6	D 3   0	Y 0   8	Amount 250.00	
Full Name of Contributor Bill R. Hedrick					Registration Number, if PAC		
Street Address 535 West First Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43215	M 0   7	D 0   7	Y 0   8	Amount 33.00	
Full Name of Contributor John Igel					Registration Number, if PAC		
Street Address 2040 Alum Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43207	M 0   7	D 0   8	Y 0   8	Amount 75.00	
Full Name of Contributor Carol M. Burgett					Registration Number, if PAC		
Street Address 8870 Ridge Road		Employer/Occupation/Labor Organization* Kokosing Construction Co./President			Form (Cash, Check, etc.) check		
City Fredricktown	State O   H	Zip Code 43019	M 0   6	D 3   0	Y 0   8	Amount 1,000.00	
Full Name of Contributor Jeffrey Edwards					Registration Number, if PAC		
Street Address 495 S. High Street Suite 150		Employer/Occupation/Labor Organization* Edwards Company/President			Form (Cash, Check, etc.) check		
City Columbus	State O   H	Zip Code 43215	M 0   7	D 0   1	Y 0   8	Amount 500.00	

\* 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)]

Page Total \$ 3,143.00