Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Compositon in Full							Militaria menganya manana m	
Name of Committee in Full								
Friends for Ginther			Dogiotroti:	on Nive	hor if D	۸۲	Andrew Andrew Anne Anne Anne Anne Anne Anne Anne An	
ull Name of Contributor			Registration Number, if PAC					
Mark Corna	Jr. 1/0		1		······································	Form (Cook	Chaola ata	
Street Address	Employer/Occupation/Labor Organization*		2000000			Form (Cash, Check, etc.) check		
10153 Chelton Wood		7:- 01.	T 1/	<u> </u>	V	Amount		
City	State	Zip Code	M	D 2 1	Y 0 9	Amount	500.00	
Powell	O H	43065	0 4 2			A.C.	500.00	
Full Name of Contributor			Registrati	on Num	iber, ii r	AC		
William J. Schottenstein	F===		***************************************		Form (Cash,	Chock atc.)		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				check	Check, etc.)	
21 E. State St.	C+o+o	Zip Code	I M	D	Y	Amount		
Callanalana	State	43215		1	0 9	Amount	250.00	
Columbus	0 H	43213	Registration Number, if P			A.C.	20.00	
Full Name of Contributor			Registrati	ion ivani	ibei, ii r	AC		
Transfer fron 31e Due Amici	Employor/Occu	<u> </u>			Form (Cach	Chack etc.)		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
C'h	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	1	3 1	0 9	Amount	19,605.00	
Full Name of Contributor			Registrati			Δ.	17,000.00	
IBEW-COPE				ion ivan	iber, ii i	Α0		
Street Address	Employer/Occi	upation/Labor Organization*	<u> </u>			Form (Cash	Check, etc.)	
900 Seventh St. NW	Employer/ Occupation/ Labor Organization					check	Criccit, Cic.)	
	State	Zip Code	м	D	Y	Amount		
City Washington	D C	20001		2 1	0 9	ranodiic	500.00	
Full Name of Contributor		2000.	Registrati		entracement describeration	PAC	000.00	
Hasan Alkhayri			nog.oc.us					
Street Address	Employer/Occupation/Labor Organization*				100 TAXAB NAVA 100 TAXAB	Form (Cash.	Check, etc.)	
10788 Brettridge Dr.	Employof7 Geoupadoin Zabor Giganization				online			
City	State	Zip Code	М	D	Υ	Amount	-	
Powell	0 H	43065	i I	0 6		1	350.00	
Full Name of Contributor		10000	Registrat	·		<u> </u>		
Judith S. Rycus					,			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
1706 E. Broad St.						check		
City	State	Zip Code	М	D	Υ	Amount	·	
Columbus	ОТН	43203	0 5	0 6	0 9		150.00	
Full Name of Contributor	1 21		Registrat	San James and Street Street	-	PAC		
Philip A. Craig								
Street Address	Employer/Occupation/Labor Organization*		<u> </u>			Form (Cash	, Check, etc.)	
5490 Heathrow Dr.						check		
City	State	Zip Code	М	D	Υ	Amount		
Powell	ОН	43065	0 5	0 6	0 9		500.00	
Full Name of Contributor				Registration Number, if PAC				
United for Health				C00274431				
Street Address	Employer/Occ				Form (Cash, Check, etc.)			
PO Box 1456							check	
City	State	Zip Code	М	D	Y	Amount		
Minneapolis	M N		0 5	2 7	0 9	No.	1,000.00	

Page Total \$ 22,855.00

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^{*} 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)]