

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Mark Corna					Registration Number, if PAC		
Street Address 10153 Chelton Wood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 0 4	D 2 1	Y 0 9	Amount 500.00	
Full Name of Contributor William J. Schottenstein					Registration Number, if PAC		
Street Address 21 E. State St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 1	Y 0 9	Amount 250.00	
Full Name of Contributor Transfer from 31e Due Amici					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 3	D 3 1	Y 0 9	Amount 19,605.00	
Full Name of Contributor IBEW-COPE					Registration Number, if PAC		
Street Address 900 Seventh St. NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Washington	State D C	Zip Code 20001	M 0 4	D 2 1	Y 0 9	Amount 500.00	
Full Name of Contributor Hasan Alkhayri					Registration Number, if PAC		
Street Address 10788 Brettridge Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) online		
City Powell	State O H	Zip Code 43065	M 0 5	D 0 6	Y 0 9	Amount 350.00	
Full Name of Contributor Judith S. Rycus					Registration Number, if PAC		
Street Address 1706 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43203	M 0 5	D 0 6	Y 0 9	Amount 150.00	
Full Name of Contributor Philip A. Craig					Registration Number, if PAC		
Street Address 5490 Heathrow Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 0 5	D 0 6	Y 0 9	Amount 500.00	
Full Name of Contributor United for Health					Registration Number, if PAC C00274431		
Street Address PO Box 1456		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Minneapolis	State M N	Zip Code 55440	M 0 5	D 2 7	Y 0 9	Amount 1,000.00	

* 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 \$ 22,855.00