Page	1	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends for Ginther Full Name of Contributor			Dogistes	tion Nur	nber, if P	A.C.
Contributions from Form 31-E			Registiz	idon Ivai	noci, n r	ic
Street Address	Employer/Oc	cupation/Labor Organizati	On*			Form (Cash, Check, etc.)
Pirect Address	Employer/Oc	cupation/Labor Organizati	on ·			om (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
City	J	Zip Code	l .	Ι.	1 .	4,476.45
Full Name of Contributor			1 0		nber, if P	
I'un ivame of Controllor			Registra	idon Ivui	11001, 11 1 2	ic
Street Address	Employer/Oc	cupation/Labor Organizati	on*	-		Form (Cash, Check, etc.)
buot radioss	Employof Occupation Caganization					Torin (Cush, Check, Cic.)
City	State	Zip Code	М	D	Y	Amount
city		Zap codo				
Full Name of Contributor			Registra	tion Nur	nber, if P	AC.
Tun Tundo di Condidatori			21051041		•••••	
Street Address	Employer/Oc	cupation/Labor Organizati	on*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	tion Nur	nber, if P	AC
					•	
Street Address	Employer/Oc	cupation/Labor Organizati	on*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	tion Nur	nber, if P	AC
			i			
Street Address	Employer/Oc	cupation/Labor Organizati	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Nur	nber, if P	AC
Street Address	Employer/Oc	cupation/Labor Organizati	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			İ			
Full Name of Contributor			Registra	tion Nur	nber, if P	AC
Street Address	Employer/Oc	cupation/Labor Organizati	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Nur	nber, if P	AC
Street Address	Employer/Oc	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount

Page Total \$ 4.476.45	_
4,470.43	

<sup>\*</sup> 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)]