

FILED

Ohio Campaign Finance Report

07 JUL 26 PM 2:28

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee Friends for Ginther						Registration Number if PAC/ELECTIONS					
Full Name of Candidate Andrew J. Ginther											
Street Address 405 E. Town St.						Office Sought Columbus City Council			District		
City Columbus						State OH		Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election			M D Y 1 1 0 6 0 7		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 13,583.33
2. Total monetary contributions (From Form No. 31-A)	\$ 16,213.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 29,796.33
5. Total monetary expenditures (From Form No. 31-B)	\$ 12,347.81
6. Balance on hand (line 4 minus line 5)	\$ 17,448.52
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

James W. Snipes, Jr. Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

James W. Snipes, Jr.

7/26/07

Date

Contribution pages 19

Expenditure pages 6

Other pages 0

Total pages 25

Statement of Contributions Received

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Name of Committee in Full Friends for Ginther						
Full Name of Contributor David B. Perry				Registration Number, if PAC		
Street Address 6651 Dutch Lane Rd.		Employer/Occupation/Labor Organization* The David Perry Co. / President			Form (Cash, Check, etc.) Check	
City Johnstown	State O H	Zip Code 43031	M 0 4	D 3 0	Y 0 7	Amount 250.00
Full Name of Contributor I.B.E.W. - C.O.P.E.				Registration Number, if PAC 8026		
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 3 0	Y 0 7	Amount 1,000.00
Full Name of Contributor Carol Wolfenbarger				Registration Number, if PAC		
Street Address 210 Preston Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 0 4	D 3 0	Y 0 7	Amount 50.00
Full Name of Contributor Kevin Durkin				Registration Number, if PAC		
Street Address 471 East Broad St., Suite 1100		Employer/Occupation/Labor Organization* Kevin Durkin / Attorney-at-law			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 3 0	Y 0 7	Amount 250.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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)]

Statement of Contributions Received

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Nationwide Better Citizenship Fund					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza 1-32-06			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 3 1	Y 0 7	Amount 500.00
Full Name of Contributor Lee M. Smith					Registration Number, if PAC 		
Street Address 929 Harrison Ave., Suite 300			Employer/Occupation/Labor Organization* Smith & Associates / Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 3 1	Y 0 7	Amount 500.00
Full Name of Contributor Sharyl W. Ginther					Registration Number, if PAC 		
Street Address 687 Delaware Ave.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Akron		State O H	Zip Code 44303	M 0 5	D 3 1	Y 0 7	Amount 100.00
Full Name of Contributor Dwight Smith					Registration Number, if PAC 		
Street Address 2881 Swisher Creek Crossing Ct.			Employer/Occupation/Labor Organization* Sophisticated Systems / CEO			Form (Cash, Check, etc.) Check	
City New Albany		State O H	Zip Code 43054	M 0 5	D 3 1	Y 0 7	Amount 250.00
Full Name of Contributor Marie S. Keister					Registration Number, if PAC 		
Street Address 7759 Crawley Dr.			Employer/Occupation/Labor Organization* Engage Communications / President			Form (Cash, Check, etc.) Check	
City Dublin		State O H	Zip Code 43017	M 0 5	D 3 1	Y 0 7	Amount 50.00
Full Name of Contributor Denise Goodman, Ph.D.					Registration Number, if PAC 		
Street Address 1824 Snouffer Rd.			Employer/Occupation/Labor Organization* Trainer / Consultant			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43085	M 0 5	D 3 1	Y 0 7	Amount 50.00
Full Name of Contributor 					Registration Number, if PAC 		
Street Address 			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) 	
City 		State 	Zip Code 	M 	D 	Y 	Amount
Full Name of Contributor 					Registration Number, if PAC 		
Street Address 			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) 	
City 		State 	Zip Code 	M 	D 	Y 	Amount

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor BIA Build PAC					Registration Number, if PAC		
Street Address 495 Executive Campus Dr.		Employer/Occupation/Labor Organization* Homebuilders			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 6	D 0 6	Y 0 7	Amount 500.00	
Full Name of Contributor W.H. Vielhauer II					Registration Number, if PAC		
Street Address 6614 Quail Lake		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mason	State O H	Zip Code 45040	M 0 6	D 0 6	Y 0 7	Amount 100.00	
Full Name of Contributor Jeffrey M. Lauria, Ph.D.					Registration Number, if PAC		
Street Address 1745 White Oak Dr.		Employer/Occupation/Labor Organization* Malcom Pirnie / Consultant			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 6	D 0 6	Y 0 7	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Randy S. Borntreger					Registration Number, if PAC		
Street Address 522 S. Pearl Ave.		Employer/Occupation/Labor Organization* OH Dem Party / Communcations Director			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 0 7	Y 0 7	Amount 35.00	
Full Name of Contributor Jill K. Tangeman					Registration Number, if PAC		
Street Address 1138 Sea Shell Dr.		Employer/Occupation/Labor Organization* Vorys, Sater & Seymour / Attorney			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 5	D 0 7	Y 0 7	Amount 100.00	
Full Name of Contributor Carl Faller					Registration Number, if PAC		
Street Address 938 City Park Ave.		Employer/Occupation/Labor Organization* Self-employed / Real Estate			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 5	D 0 7	Y 0 7	Amount 100.00	
Full Name of Contributor United Steelworkers Dist. 1 PCE					Registration Number, if PAC PCE		
Street Address 777 Dearborn Park Lane, Suite J		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43085	M 0 5	D 0 7	Y 0 7	Amount 100.00	
Full Name of Contributor Frank W. Hale, Jr., PH.D.					Registration Number, if PAC		
Street Address 1617 Slade Ave.		Employer/Occupation/Labor Organization* Ohio State University / Vice Provost and P			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 5	D 0 7	Y 0 7	Amount 25.00	
Full Name of Contributor Sally S. Rogers					Registration Number, if PAC		
Street Address 153 Chase Rd.		Employer/Occupation/Labor Organization* JP Morgan Chase			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 5	D 0 7	Y 0 7	Amount 35.00	
Full Name of Contributor Nancy L. Nance					Registration Number, if PAC		
Street Address 190 E. Beaumont		Employer/Occupation/Labor Organization* Ohio Health / Nurse			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 5	D 0 7	Y 0 7	Amount 50.00	
Full Name of Contributor Laurence G. Ruben					Registration Number, if PAC		
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization* Plaza Properties /CEO			Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 5	D 0 7	Y 0 7	Amount 250.00	

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Fred Holdridge					Registration Number, if PAC		
Street Address 763 S. Third St.		Employer/Occupation/Labor Organization* Self-Employed / Retail Salesman			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43206	M 0 5	D 0 7	Y 0 7	Amount 50.00
Full Name of Contributor William C. Habig					Registration Number, if PAC		
Street Address 3708 Raccoon Valley Road		Employer/Occupation/Labor Organization* DLZ / Consultant			Form (Cash, Check, etc.) Check		
City Granville		State O H	Zip Code 43023	M 0 5	D 0 7	Y 0 7	Amount 32.00
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1088 Fountain Lane, Apt. F		Employer/Occupation/Labor Organization* Northwestern Mutual / Financial Advisor			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43123	M 0 5	D 0 7	Y 0 7	Amount 50.00
Full Name of Contributor Mark D. Hatch					Registration Number, if PAC		
Street Address 4189 Rowanne Rd.		Employer/Occupation/Labor Organization* MEBS, Inc.			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43214	M 0 5	D 0 7	Y 0 7	Amount 32.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Stephen A. Tucker					Registration Number, if PAC		
Street Address 330 E. Markison Ave.			Employer/Occupation/Labor Organization* Robert Weiler Company / Developer			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43207	M 0 5	D 1 6	Y 0 7	Amount 32.00
Full Name of Contributor Robert Emrich					Registration Number, if PAC		
Street Address 731 Kerr St.			Employer/Occupation/Labor Organization* Road to Life Foundation / Founder			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 1 6	Y 0 7	Amount 32.00
Full Name of Contributor Teamsters Local Union No. 413 Drive Fund					Registration Number, if PAC OH593		
Street Address 555 E. Rich St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 1 6	Y 0 7	Amount 100.00
Full Name of Contributor Wm. Brian Burgett					Registration Number, if PAC		
Street Address 8870 Ridge Rd.			Employer/Occupation/Labor Organization* Kokosing Contruction Co. / President			Form (Cash, Check, etc.) Check	
City Fredericktown		State O H	Zip Code 43019	M 0 5	D 1 6	Y 0 7	Amount 1,000.00
Full Name of Contributor Committee for Joyce Beatty State Representative					Registration Number, if PAC		
Street Address 233 S. High St., Suite 300			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 1 6	Y 0 7	Amount 100.00
Full Name of Contributor Patricia S. Lantis					Registration Number, if PAC		
Street Address 4130 Herald Square Place			Employer/Occupation/Labor Organization* Vacation Time Travel / Indpt. Travel Agen			Form (Cash, Check, etc.) Check	
City Dublin		State O H	Zip Code 43016	M 0 5	D 1 6	Y 0 7	Amount 32.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

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Full Name of Contributor Randy S. Borntreger					Registration Number, if PAC		
Street Address 522 S. Pearl Ave.		Employer/Occupation/Labor Organization* OH Dem. Party / Comm. Director			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 1	Y 0 7	Amount 50.00	
Full Name of Contributor Jeffrey W. Edwards					Registration Number, if PAC		
Street Address 495 S. High St, Suite 150		Employer/Occupation/Labor Organization* Edwards Company / President			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 1	Y 0 7	Amount 250.00	
Full Name of Contributor Prof. Herbert B. Asher					Registration Number, if PAC		
Street Address 1000 Urlin Ave., Unit 1006		Employer/Occupation/Labor Organization* Ohio State University / Prof. Emeritus			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 5	D 2 1	Y 0 7	Amount 50.00	
Full Name of Contributor Suliman Z. Abdullah					Registration Number, if PAC		
Street Address 2666 Abbot Ave.		Employer/Occupation/Labor Organization* Columbus Engineering Consultants / Man.			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 5	D 2 1	Y 0 7	Amount 32.00	
Full Name of Contributor William A. Goldman, Esquire					Registration Number, if PAC		
Street Address 500 S. Front St., Suite 1200		Employer/Occupation/Labor Organization* Goldman & Braunstein / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 1	Y 0 7	Amount 100.00	
Full Name of Contributor Christopher J. Zigo					Registration Number, if PAC		
Street Address 5671 Wilcox Rd.		Employer/Occupation/Labor Organization* Motorola, Inc. / Government Solutions			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 5	D 2 1	Y 0 7	Amount 100.00	
Full Name of Contributor Kenneth W. Holland					Registration Number, if PAC		
Street Address 697 Crossing Creek South		Employer/Occupation/Labor Organization* The Olen Corp. / President			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 5	D 2 1	Y 0 7	Amount 100.00	
Full Name of Contributor Gregory Stewart					Registration Number, if PAC		
Street Address 8230 Lucas Pike		Employer/Occupation/Labor Organization* The Superior Group / CEO			Form (Cash, Check, etc.) Check		
City Plain City	State O H	Zip Code 43064	M 0 5	D 2 1	Y 0 7	Amount 100.00	

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