

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends for Ginther						Registration Number, if PAC								
Full Name of Candidate Andrew J. Ginther														
Street Address 98 Montrose Way						Office Sought City Council			District At-Large					
City Columbus						State O H		Zip Code 43202						
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		Semiannual					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M 1	D 1	Y 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	\$ 2,736.09
2. Total monetary contributions (From Form No. 31-A)	\$ 8,070.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 10,806.09
5. Total monetary expenditures (From Form No. 31-B)	\$ 7,649.02
6. Balance on hand (line 4 minus line 5)	\$ 3,157.07
7. Value of in-kind contributions received (From Form No. 31-J-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	\$

FRANKLIN COUNTY
 BOARD OF ELECTIONS
 07 DEC 14 PM 2:41
 FILED

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 *James W. Snipes, Jr.* 12/14/07
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 6

Expenditure pages 3

Other pages 0

Total pages 9

Statement of Contributions Received

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor John Rosenberger					Registration Number, if PAC		
Street Address 804 City Park Ave.		Employer/Occupation/Labor Organization* Capitol South Community Urban Redevelo			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 1	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Kevin Tyler					Registration Number, if PAC		
Street Address 2574 Dover Rd.		Employer/Occupation/Labor Organization* Ohio Dept. of Insurance / Legislative Liaso			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 0 5	Y 0 7	Amount 100.00	
Full Name of Contributor B. Lee Skilken					Registration Number, if PAC		
Street Address 2171 Fair Ave.		Employer/Occupation/Labor Organization* Skilken Properties Company /Principal			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 0 5	Y 0 7	Amount 200.00	
Full Name of Contributor Press Southworth III					Registration Number, if PAC		
Street Address One Miranova Place, Suite 1205		Employer/Occupation/Labor Organization* Ohio Citizens for the Arts and Foundation			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Gregory Stype					Registration Number, if PAC		
Street Address 2232 Tremont Rd.		Employer/Occupation/Labor Organization* Squire, Sanders and Dempsey / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 5	Y 0 7	Amount 350.00	
Full Name of Contributor Erik Roush					Registration Number, if PAC		
Street Address 9013 Lago Lane		Employer/Occupation/Labor Organization* Ohio Senate / Legislative Aide			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 1 1	D 0 5	Y 0 7	Amount 100.00	
Full Name of Contributor James Ragland					Registration Number, if PAC		
Street Address 3784 Conway Dr.		Employer/Occupation/Labor Organization* City of Columbus / Legislative Aide			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 1 1	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor Todd Lucas					Registration Number, if PAC		
Street Address 415 E. Weber Rd.		Employer/Occupation/Labor Organization* Clear Channel Outdoor/ Sales			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202	M 1 1	D 0 5	Y 0 7	Amount 50.00	

* 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)]

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Jeffrey Loeser					Registration Number, if PAC		
Street Address 1331 Bruck St		Employer/Occupation/Labor Organization* State of Ohio / Asst. Attorney General			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43206	M 1 1	D 0 5	Y 0 7	Amount 100.00	
Full Name of Contributor Chad McCoury					Registration Number, if PAC		
Street Address 1091 Harrison Ave.		Employer/Occupation/Labor Organization* Columbus AIDS Task Force / CEO			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43201	M 1 1	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor David Perry					Registration Number, if PAC		
Street Address 6651 Dutch Lane Road		Employer/Occupation/Labor Organization* The David Perry Company / Planner			Form (Cash, Check, etc.) Online Contribu		
City Johnstown	State O H	Zip Code 43031	M 1 1	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Betsy Poling					Registration Number, if PAC		
Street Address 567 E. Stanton Ave.		Employer/Occupation/Labor Organization* Columbus Public Schools / Teacher			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43214	M 1 1	D 0 5	Y 0 7	Amount 25.00	
Full Name of Contributor D. Michael Sheline					Registration Number, if PAC		
Street Address 912 Bernard Rd.		Employer/Occupation/Labor Organization* Burlington/Management			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor Patrick Bevilacqua					Registration Number, if PAC		
Street Address 5100 Schott Rd.		Employer/Occupation/Labor Organization* Bevilacqua Builders / Self-Employed			Form (Cash, Check, etc.) Online Contribu		
City Westerville	State O H	Zip Code 43081	M 1 1	D 0 5	Y 0 7	Amount 200.00	
Full Name of Contributor David Celebrezze					Registration Number, if PAC		
Street Address 1459 West Lane Ave		Employer/Occupation/Labor Organization* Ohio Environmental Council / Outreach C			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43221	M 1 1	D 0 5	Y 0 7	Amount 20.00	
Full Name of Contributor Daniel Koch					Registration Number, if PAC		
Street Address 1127 N High Street		Employer/Occupation/Labor Organization* Columbus Eyeworks/Self			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43201	M 1 1	D 0 5	Y 0 7	Amount 250.00	

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Kyle Kutuchief					Registration Number, if PAC		
Street Address 324 Castle Blvd.		Employer/Occupation/Labor Organization* The University of Akron / Admissions Cot			Form (Cash, Check, etc.) Online Contribu		
City Akron	State O H	Zip Code 44313	M 1 1	D 0 5	Y 0 7	Amount 25.00	
Full Name of Contributor Benjamin Weiner					Registration Number, if PAC		
Street Address 381 1/2 W 3RD AVE		Employer/Occupation/Labor Organization* Franklin County/Planner			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43201	M 1 1	D 0 5	Y 0 7	Amount 25.00	
Full Name of Contributor Christine Cozad					Registration Number, if PAC		
Street Address 2628 N. 4th Street		Employer/Occupation/Labor Organization* Alternative Auto Care / Auto Mechanic			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43202	M 1 1	D 0 5	Y 0 7	Amount 50.00	
Full Name of Contributor Moody Nolan PAC					Registration Number, if PAC CP1154		
Street Address 300 Spruce St.		Employer/Occupation/Labor Organization* Political Action Committee			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Savoy Properties					Registration Number, if PAC		
Street Address 515 E. Main St., Suite 500		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 5	Y 0 7	Amount 250.00	
Full Name of Contributor Teamsters Union Local No. 284 D.R.I.V.E. Fund					Registration Number, if PAC		
Street Address 555. E. Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 5	Y 0 7	Amount 200.00	
Full Name of Contributor Sherif Aziz					Registration Number, if PAC		
Street Address 10051 Beaufort Run.		Employer/Occupation/Labor Organization* TecTech, Inc. / President			Form (Cash, Check, etc.) Check		
City Centerville	State O H	Zip Code 45458	M 1 1	D 0 5	Y 0 7	Amount 500.00	
Full Name of Contributor Chauncey Cochran					Registration Number, if PAC		
Street Address 14 E. Gay St., Suite 400		Employer/Occupation/Labor Organization* Cochran Public Relations / Executive			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 5	Y 0 7	Amount 200.00	

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Name of Committee in Full Friends for Ginther						
Full Name of Contributor William Conner					Registration Number, if PAC	
Street Address 250 E. Sycamore St.			Employer/Occupation/Labor Organization* Columbus Assn. for the Performing Arts /			Form (Cash, Check, etc.) Check
City Columbus	State O H	Zip Code 43206	M 1 1	D 0 5	Y 0 7	Amount 650.00
Full Name of Contributor John Davis						
Street Address 1391 Windrush Circle					Registration Number, if PAC	
Street Address 1391 Windrush Circle			Employer/Occupation/Labor Organization* Spectrum Capital / Principal			Form (Cash, Check, etc.) Check
City Blacklick	State O H	Zip Code 43004	M 1 1	D 0 5	Y 0 7	Amount 250.00
Full Name of Contributor Lawrence Fisher						
Street Address 495 Tucker Dr.					Registration Number, if PAC	
Street Address 495 Tucker Dr.			Employer/Occupation/Labor Organization* Columbus Downtown Development Corp.			Form (Cash, Check, etc.) Check
City Worthington	State O H	Zip Code 43085	M 1 1	D 0 5	Y 0 7	Amount 100.00
Full Name of Contributor Norman Gadzinski						
Street Address 259 Glenshire Lane					Registration Number, if PAC	
Street Address 259 Glenshire Lane			Employer/Occupation/Labor Organization* MWH / Midwest Regional Manager			Form (Cash, Check, etc.) Check
City Medina	State O H	Zip Code 44256	M 1 1	D 0 5	Y 0 7	Amount 500.00
Full Name of Contributor Verna Lee						
Street Address 3530 Parkway Lane					Registration Number, if PAC	
Street Address 3530 Parkway Lane			Employer/Occupation/Labor Organization* Lee Testing / Owner			Form (Cash, Check, etc.) Check
City Hilliard	State O H	Zip Code 43026	M 1 1	D 0 5	Y 0 7	Amount 500.00
Full Name of Contributor Bob Barnes						
Street Address 709 Racine Ave.					Registration Number, if PAC	
Street Address 709 Racine Ave.			Employer/Occupation/Labor Organization* Huntinton Bank / Banker			Form (Cash, Check, etc.) Check
City Columbus	State O H	Zip Code 43204	M 1 1	D 0 6	Y 0 7	Amount 25.00
Full Name of Contributor Frank Hale, Jr.						
Street Address 1617 Slade Ave.					Registration Number, if PAC	
Street Address 1617 Slade Ave.			Employer/Occupation/Labor Organization* The Ohio State University / Vice Provost E			Form (Cash, Check, etc.) Check
City Columbus	State O H	Zip Code 43235	M 1 1	D 0 6	Y 0 7	Amount 25.00
Full Name of Contributor Harlan Louis						
Street Address 6140 Hilltop Trail Dr.					Registration Number, if PAC	
Street Address 6140 Hilltop Trail Dr.			Employer/Occupation/Labor Organization* Bailey Cavalieri / Attorney			Form (Cash, Check, etc.) Check
City New Albany	State O H	Zip Code 43054	M 1 1	D 0 6	Y 0 7	Amount 100.00

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor R. Michael Taylor					Registration Number, if PAC		
Street Address 1643 Demaret Lane		Employer/Occupation/Labor Organization* Kegler, Hill, Brown & Ritter / Partner			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43228	M 1 1	D 0 6	Y 0 7	Amount 100.00
Full Name of Contributor Matthew Baldwin					Registration Number, if PAC		
Street Address 113 Kail Ave.		Employer/Occupation/Labor Organization* Columbus Dept. of Health / Administrator			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43207	M 1 1	D 0 9	Y 0 7	Amount 25.00
Full Name of Contributor Joyce Bushman					Registration Number, if PAC		
Street Address 125 Mackenzie Drive		Employer/Occupation/Labor Organization* Office of the Mayor / Assistant Chief of Staff			Form (Cash, Check, etc.) Check		
City Pickerington		State O H	Zip Code 43147	M 1 1	D 0 9	Y 0 7	Amount 50.00
Full Name of Contributor Richard Allen					Registration Number, if PAC		
Street Address 1371 Haddon Rd.		Employer/Occupation/Labor Organization* Motoris Mutual Insurance Co. / Retired			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43209	M 1 1	D 0 9	Y 0 7	Amount 100.00
Full Name of Contributor Thomas Hill					Registration Number, if PAC		
Street Address 7 Wiveliscombe		Employer/Occupation/Labor Organization* Kegler, Hill, Brown & Ritter / Partner			Form (Cash, Check, etc.) Check		
City New Albany		State O H	Zip Code 43054	M 1 1	D 0 9	Y 0 7	Amount 250.00
Full Name of Contributor Glaus, Pyle, Schomer, Burns and Dehaven					Registration Number, if PAC		
Street Address 520 S. Main St. Suite 2531		Employer/Occupation/Labor Organization* Professional Corporaton			Form (Cash, Check, etc.) Check		
City Akron		State O H	Zip Code 44311	M 1 1	D 2 7	Y 0 7	Amount 500.00
Full Name of Contributor Jeff Carson					Registration Number, if PAC		
Street Address 7481 Morse Rd.		Employer/Occupation/Labor Organization* The Ohio State Universtity / Office of the U			Form (Cash, Check, etc.) Online Contribu		
City New Albany		State O H	Zip Code 43054	M 1 1	D 2 9	Y 0 7	Amount 500.00
Full Name of Contributor Columbus Apartment Association PAC					Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215	M 1 2	D 0 5	Y 0 7	Amount 500.00

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Name of Committee in Full Friends for Ginther						
Full Name of Contributor Wayne Garland, Jr.				Registration Number, if PAC		
Street Address 492 Windwillow Ct.		Employer/Occupation/Labor Organization* Buckeye Real Estate /Developer			Form (Cash, Check, etc.) Check	
City Powell	State O H	Zip Code 43065	M 1	D 2	Y 0 5 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
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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