

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
07 OCT 25 PM 2:04  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Friends for Ginther</b>										Registration Number, if PAC			
Full Name of Candidate <b>Andrew J. Ginther</b>													
Street Address <b>405 East Town Street</b>						Office Sought <b>Columbus City Council</b>			District				
City <b>Columbus</b>						State <b>O H</b>		Zip Code <b>43215</b>					
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X 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 <b>1</b>	D <b>1</b>	Y <b>0</b>	Y <b>6</b>	Y <b>0</b>	Y <b>7</b>

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	\$	17,448.52
2. Total monetary contributions (From Form No. 31-A)	\$	23,349.53
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	40,798.05
5. Total monetary expenditures (From Form No. 31-B)	\$	34,683.41
6. Balance on hand (line 4 minus line 5)	\$	6,114.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<del>44,369.59</del>
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.*

10/25/07

Date

Contribution pages	<u>33</u>
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Expenditure pages	<u>8</u>
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Other pages	<u>0</u>
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Total pages	<u>41</u>
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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>Nationwide Better Citizenship Fund</b>					Registration Number, if PAC <b>OH259</b>		
Street Address <b>One Nationwide Plaza 1-32-06</b>			Employer/Occupation/Labor Organization* <b></b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Randy Borntreger</b>					Registration Number, if PAC <b></b>		
Street Address <b>522 S. Pearl Ave.</b>			Employer/Occupation/Labor Organization* <b>OH Democratic Party / Communicaions D</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Dorothy Burnett</b>					Registration Number, if PAC <b></b>		
Street Address <b>681 Walter Ave</b>			Employer/Occupation/Labor Organization* <b>Best Effort / Best Effort</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Fairfield</b>		State <b>O   H</b>	Zip Code <b>45014</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Elizabeth Smalley</b>					Registration Number, if PAC <b></b>		
Street Address <b>460 Midgard Rd</b>			Employer/Occupation/Labor Organization* <b>Institute for Human Services / Social Work</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43202</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Thomas Isaacs</b>					Registration Number, if PAC <b></b>		
Street Address <b>1197 Three Forks Dr. S</b>			Employer/Occupation/Labor Organization* <b>City of Columbus / Treasurer</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>		State <b>O   H</b>	Zip Code <b>43081</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Jewelyn Dicello</b>					Registration Number, if PAC <b></b>		
Street Address <b>6093 Mc Naughten Grove Lane</b>			Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Sally Rogers</b>					Registration Number, if PAC <b></b>		
Street Address <b>153 Chase Rd</b>			Employer/Occupation/Labor Organization* <b>JP Morgan Chase / Banker</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Greg Davies</b>					Registration Number, if PAC <b></b>		
Street Address <b>2646 Brandon Rd.</b>			Employer/Occupation/Labor Organization* <b>City of Columbus / Deputy Director of Dev</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>100.00</b>

\* 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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>Anita Miller</b>					Registration Number, if PAC		
Street Address <b>1715 Morgan</b>		Employer/Occupation/Labor Organization* <b>Best Effort / Social Worker</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Wooster</b>	State <b>O   H</b>	Zip Code <b>44691</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Robert Yoakam Jr.</b>					Registration Number, if PAC		
Street Address <b>6345 Taggart Rd</b>		Employer/Occupation/Labor Organization* <b>Rockford Homes / President</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43015</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Jack Shih Zong Jang</b>					Registration Number, if PAC		
Street Address <b>840 Michigan Ave</b>		Employer/Occupation/Labor Organization* <b>Columbus Engineering Consultants / Presi</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Jeffrey Edwards</b>					Registration Number, if PAC		
Street Address <b>495 S. High Street Suite 150</b>		Employer/Occupation/Labor Organization* <b>The Edwards Co. / President</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>0   5</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
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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Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>Joyce Bushman</b>					Registration Number, if PAC		
Street Address <b>125 Mackenzie Dr</b>		Employer/Occupation/Labor Organization* <b>City of Columbus / Administrator</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0   7</b>	D <b>1   2</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Harry Lehman</b>					Registration Number, if PAC		
Street Address <b>5 Pickett Place</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0   7</b>	D <b>1   2</b>	Y <b>0   7</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Scott Wilson Schiff</b>					Registration Number, if PAC		
Street Address <b>88 W. Main St.</b>		Employer/Occupation/Labor Organization* <b>Scott Schill and Associate LPA / Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>1   2</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
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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# Statement of Contributions Received

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Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>Jeffrey Lauria</b>					Registration Number, if PAC		
Street Address <b>1745 White Oak Dr.</b>		Employer/Occupation/Labor Organization* <b>Malcolm Pirnie / Consultant</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Delaware</b>	State <b>O   H</b>	Zip Code <b>43015</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Robert Bisciotti</b>					Registration Number, if PAC		
Street Address <b>6059 Homewell St.</b>		Employer/Occupation/Labor Organization* <b>Franklin County Clerk of Courts / Manage</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Fred Winer</b>					Registration Number, if PAC		
Street Address <b>5200 Buckeye Grove</b>		Employer/Occupation/Labor Organization* <b>Chemical Abstracts / Chemist</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Porter Miller</b>					Registration Number, if PAC		
Street Address <b>304 S. 48th St.</b>		Employer/Occupation/Labor Organization* <b>Wayne County / Homeland Security Direc</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Richmond</b>	State <b>I   N</b>	Zip Code <b>47374</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Ohio &amp; Vicinity Regional Council South Central Office PCE</b>					Registration Number, if PAC		
Street Address <b>1394 Courtright Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43227</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Keycorp Advocates Fund</b>					Registration Number, if PAC <b>00007-3155</b>		
Street Address <b>127 Public Square</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44114</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Carpenters Local Union #200 PCVE</b>					Registration Number, if PAC <b>10288</b>		
Street Address <b>1545 Alum Creek Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>0   7</b>	D <b>1   6</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
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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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>JP Morgan Chase and Co. PAC</b>					Registration Number, if PAC <b>C00128512</b>		
Street Address <b>10 S. Dearborn St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Chicago</b>	State <b>I   L</b>	Zip Code <b>60603</b>	M <b>0   7</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Virginia Leidheiser</b>					Registration Number, if PAC		
Street Address <b>3592 Delamere Ave</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>0   7</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Mark Corna</b>					Registration Number, if PAC		
Street Address <b>2034 Quarry Crest Dr.</b>		Employer/Occupation/Labor Organization* <b>Corna / Koskosing / President</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43204</b>	M <b>0   7</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Jonathan Varner</b>					Registration Number, if PAC		
Street Address <b>3729 Canon Ridge Place</b>		Employer/Occupation/Labor Organization* <b>Jonathan Varner and Associates / President</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   7</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>150.00</b>	
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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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>John Hykes</b>					Registration Number, if PAC		
Street Address <b>1865 Torchwood Dr</b>		Employer/Occupation/Labor Organization* <b>Ohio Department of Safety / Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Fred Holdridge</b>					Registration Number, if PAC		
Street Address <b>763 S. Third St.</b>		Employer/Occupation/Labor Organization* <b>Self-Employed / Retail Salesman</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43206</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>UFCW Local 1059 Active Ballot Club</b>					Registration Number, if PAC <b>#LA437</b>		
Street Address <b>4150 E. Main St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>John Condo</b>					Registration Number, if PAC		
Street Address <b>1358 Bosworth Ct.</b>		Employer/Occupation/Labor Organization* <b>Disabled</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Douglas Aschenbach</b>					Registration Number, if PAC		
Street Address <b>861 Neil Ave</b>		Employer/Occupation/Labor Organization* <b>Campus Partners / Vice President Real Est</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   h</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Bill Hedrick</b>					Registration Number, if PAC		
Street Address <b>838 Thurber Dr. West Apt 22</b>		Employer/Occupation/Labor Organization* <b>City of Columbus / Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>20.00</b>
Full Name of Contributor <b>Sally Rogers</b>					Registration Number, if PAC		
Street Address <b>153 Chase Rd.</b>		Employer/Occupation/Labor Organization* <b>JP Morgan Chase / Banker</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>35.00</b>
Full Name of Contributor <b>Barbara Sokol</b>					Registration Number, if PAC		
Street Address <b>2346 Fishinger Rd.</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0   7</b>	D <b>2   3</b>	Y <b>0   7</b>	Amount <b>100.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends for Ginther</b>							
Full Name of Contributor <b>Karl Brazauskas</b>					Registration Number, if PAC		
Street Address <b>78 Stagecoach Rd.</b>			Employer/Occupation/Labor Organization* <b>Metcalf Eddy Aecom / Vice President</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Woodbury</b>		State <b>C   T</b>	Zip Code <b>06798</b>	M <b>0   7</b>	D <b>3   0</b>	Y <b>0   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Richard Allen</b>					Registration Number, if PAC		
Street Address <b>1371 Haddon Rd</b>			Employer/Occupation/Labor Organization* <b>Motorists Mutual Insurance Co. / Retired</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43209</b>	M <b>0   7</b>	D <b>3   0</b>	Y <b>0   7</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Nancy Nance</b>					Registration Number, if PAC		
Street Address <b>190 E. Beaumont</b>			Employer/Occupation/Labor Organization* <b>Nurse</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   7</b>	D <b>3   0</b>	Y <b>0   7</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Eric Prall</b>					Registration Number, if PAC		
Street Address <b>5632 Barney Lane</b>			Employer/Occupation/Labor Organization* <b>Butler Wick / Investment Banker</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43235</b>	M <b>0   7</b>	D <b>3   0</b>	Y <b>0   7</b>	Amount <b>35.00</b>
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)]

