

FILED

# Ohio Campaign Finance Report

NOV -1 PM 2:05

Prescribed by Secretary of State 3/05

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		X <b>5 Day Report</b> Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly						
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 1</b>	D <b>0 6</b>	Y <b>0 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	\$	6,114.64
2. Total monetary contributions (From Form No. 31-A)	\$	22,326.45
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	28,441.09
5. Total monetary expenditures (From Form No. 31-B)	\$	25,705.00
6. Balance on hand (line 4 minus line 5)	\$	2,736.09
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	\$	

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.*  
Signature

11/1/07  
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages 26

Expenditure pages 1

Other pages 0

Total pages 27

# 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>Contributions from Form 31-E</b>							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount		
					1	0	1	6	07	
								4,476.45		
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		

\* 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 at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Friends for Ginther		City of Columbus / Office		1	0	19	25.00
Full Name of Contributor Hannah Jones		Registration Number, if PAC					
Street Address 7091 Gallant Fox Dr.		City Columbus					
City Columbus		State OH		Zip Code 43054		Form(Cash,Check,etc) Check	
Rory McGuinness		Coleman for Columbus / F		1	0	19	25.00
Full Name of Contributor Rory McGuinness		Registration Number, if PAC					
Street Address 1239 Lakeshore Dr, Unit B		City Columbus					
City Columbus		State OH		Zip Code 43204		Form(Cash,Check,etc) Check	
Robert Meyer, Jr		Attorney / Porter, Wright,		1	0	19	35.00
Full Name of Contributor Robert Meyer, Jr		Registration Number, if PAC					
Street Address 671 Vivian Ct.		City Columbus					
City Columbus		State OH		Zip Code 43230		Form(Cash,Check,etc) Check	
Alyssa Grovemiller		Ohio CASA/GAL Associat		1	0	19	35.00
Full Name of Contributor Alyssa Grovemiller		Registration Number, if PAC					
Street Address 65 Lakeview Ave.		City Columbus					
City Columbus		State OH		Zip Code 43202		Form(Cash,Check,etc) Check	
Eric Prall		Butler Wick / Investment B		1	0	19	35.00
Full Name of Contributor Eric Prall		Registration Number, if PAC					
Street Address 5632 Barney Lane		City Columbus					
City Columbus		State OH		Zip Code 43235		Form(Cash,Check,etc) Check	
James Daley		Self-Employed		1	0	19	35.00
Full Name of Contributor James Daley		Registration Number, if PAC					
Street Address 4300 Dublin Rd.		City Columbus					
City Columbus		State OH		Zip Code 43221		Form(Cash,Check,etc) Check	
Joel Riter		The Coleman Group / Cor		1	0	19	35.00
Full Name of Contributor Joel Riter		Registration Number, if PAC					
Street Address 915 Aintree Park Dr., Apt. 103		City Cleveland					
City Cleveland		State OH		Zip Code 44143		Form(Cash,Check,etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 225.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Friends for Ginther								
Full Name of Contributor		Registration Number, if PAC						
Patrick McLean								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1010 Pearl St.	Ohio Attorney General / C	1	0	1	9	0	7	35.00
City	State	Zip Code	Form(Cash,Check,etc)					
Ypsilanti	M	I	48197	Check				
Full Name of Contributor		Registration Number, if PAC						
Jessica Hart								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1382 Milk St., Apt C	SZD Whiteboard / Govern	1	0	1	9	0	7	35.00
City	State	Zip Code	Form(Cash,Check,etc)					
Gahanna	O	H	43230	Check				
Full Name of Contributor		Registration Number, if PAC						
Tajudeen Bakare								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
107 Crafton Ct	CT / Consultant	1	0	1	9	0	7	35.00
City	State	Zip Code	Form(Cash,Check,etc)					
Delaware	O	H	43015	Check				
Full Name of Contributor		Registration Number, if PAC						
Peter Boyuk								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5078 Waycroft Rd.	Tactical Edge Ltd. / Graphi	1	0	1	9	0	7	35.00
City	State	Zip Code	Form(Cash,Check,etc)					
Hilliard	O	H	43026	Check				
Full Name of Contributor		Registration Number, if PAC						
Erik Janas								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
5504 Courtland Ct.	City of Columbus / Office	1	0	1	9	0	7	75.00
City	State	Zip Code	Form(Cash,Check,etc)					
Cleveland	O	H	44102	Check				
Full Name of Contributor		Registration Number, if PAC						
Brian Shinn								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
137 Morse Rd.	OH Secretary of State / Ass	1	0	1	9	0	7	75.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O	H	43214	Check				
Full Name of Contributor		Registration Number, if PAC						
Mark Swanson								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
1193 Michigan Ave	Cup 'O Joe / Owner	1	0	1	9	0	7	75.00
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	O	H	43201	Check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 365.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Friends for Ginther			
Full Name of Contributor Charlotte Hickcox		Registration Number, if PAC	
Street Address 1595 Roxbury Rd., Apt. F	Employer/Occupation/Labor Organization* Ohio EPA / Legislative Lia	M   D   Y 1   0   1   9   0   7	Amount 75.00
City Columbus	State   Zip Code O   H   43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Adam Trautner		Registration Number, if PAC	
Street Address 1208 Sanctuary Place	Employer/Occupation/Labor Organization* The Stonehenge Co. / Final	M   D   Y 1   0   1   9   0   7	Amount 75.00
City Gahanna	State   Zip Code O   H   43230	Form(Cash,Check,etc) Check	
Full Name of Contributor Re:Organize, LLC		Registration Number, if PAC	
Street Address 741 Mohawk St.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Justin Nigro		Registration Number, if PAC	
Street Address 1331 Thayer Ave	Employer/Occupation/Labor Organization* Best Effort / Best Effort	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Ashtabula	State   Zip Code O   H   44004	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Lacloue		Registration Number, if PAC	
Street Address 6056 Hilldenboro Dr.	Employer/Occupation/Labor Organization* City of Columbus / Office of	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Dublin	State   Zip Code O   H   43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Kennethia Hardin		Registration Number, if PAC	
Street Address 1516 Felix Dr.	Employer/Occupation/Labor Organization* City of Columbus / Office of	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43207	Form(Cash,Check,etc) Check	
Full Name of Contributor Matthew Gledhill		Registration Number, if PAC	
Street Address 460 Vermont Place	Employer/Occupation/Labor Organization* The Ohio Senate / Legislati	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43201	Form(Cash,Check,etc) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$	<u>400.00</u>
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC						
Friends for Ginther										
Full Name of Contributor				Registration Number, if PAC						
Lisa Chambers										
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount					
927 Wilson Ave.	Tech Corps Ohio / State Di	1	0	1	9	0	7	50.00		
City	State	Zip Code		Form(Cash,Check,etc)						
Columbus	O   H	43206		Check						
Full Name of Contributor				Registration Number, if PAC						
Ricky Redmon										
Street Address				Employer/Occupation/Labor Organization*						
47 N. 20th St.				EDI, Inc. / Engineer						
City	State	Zip Code		M	D	Y	Amount			
Columbus	O   H	43203		1	0	1	9	0	7	50.00
Form(Cash,Check,etc)				Check						
Full Name of Contributor				Registration Number, if PAC						
Patricia Barron										
Street Address				Employer/Occupation/Labor Organization*						
611 Overbrook				Teaching and Learning Col						
City	State	Zip Code		M	D	Y	Amount			
Columbus	O   H	43214		1	0	1	9	0	7	50.00
Form(Cash,Check,etc)				Check						
Full Name of Contributor				Registration Number, if PAC						
Anthony Eufinger										
Street Address				Employer/Occupation/Labor Organization*						
7862 Meadowhaven Blvd				Capital Law School / Stud						
City	State	Zip Code		M	D	Y	Amount			
Columbus	O   H	43235		1	0	1	9	0	7	50.00
Form(Cash,Check,etc)				Check						
Full Name of Contributor				Registration Number, if PAC						
Daphne Kackloudis										
Street Address				Employer/Occupation/Labor Organization*						
708 Overbrook Dr.				Nationwide Children's Hos						
City	State	Zip Code		M	D	Y	Amount			
Columbus	O   H	43214		1	0	1	9	0	7	50.00
Form(Cash,Check,etc)				Check						
Full Name of Contributor				Registration Number, if PAC						
Samantha Herd										
Street Address				Employer/Occupation/Labor Organization*						
1427 S. High ST.				United Way / Director of P						
City	State	Zip Code		M	D	Y	Amount			
Columbus	O   H	43207		1	0	1	9	0	7	50.00
Form(Cash,Check,etc)				Check						
Full Name of Contributor				Registration Number, if PAC						
Kostula Avradopoulos										
Street Address				Employer/Occupation/Labor Organization*						
3573 Kinsale Head Dr.				Re/Max / Realtor						
City	State	Zip Code		M	D	Y	Amount			
Columbus	O   H	43221		1	0	1	9	0	7	50.00
Form(Cash,Check,etc)				Check						

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 350.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Friends for Ginther							
Full Name of Contributor				Registration Number, if PAC			
Marco Miller							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
6293 Ballmer Rd.	Retired	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Canal Winchester	O   H	43110	Check		50.00		
Full Name of Contributor				Registration Number, if PAC			
Andrew Williams							
Street Address				Registration Number, if PAC			
103 E. Lincoln St., Apt B							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
103 E. Lincoln St., Apt B	NetCare Access Corporatio	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Columbus	O   H	43215	Check		50.00		
Full Name of Contributor				Registration Number, if PAC			
Marc Armstrong							
Street Address				Registration Number, if PAC			
1089 Folkestone Rd.							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1089 Folkestone Rd.	Ohio Rural Electric Cooper	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Columbus	O   H	43220	Check		50.00		
Full Name of Contributor				Registration Number, if PAC			
Gretchen James							
Street Address				Registration Number, if PAC			
9 Buttles Ave, Apt, 340							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
9 Buttles Ave, Apt, 340	OHIO Treasurer / Exec. As	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Columbus	O   H	43215	Check		50.00		
Full Name of Contributor				Registration Number, if PAC			
Laurel Beatty							
Street Address				Registration Number, if PAC			
268 E. Gates ST.							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
268 E. Gates ST.	OH Secretary of State / Att	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Columbus	O   H	43206	Check		50.00		
Full Name of Contributor				Registration Number, if PAC			
Mark Dempsey							
Street Address				Registration Number, if PAC			
1305 Westwood Ave							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1305 Westwood Ave	Arch Communications / D	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Columbus	O   H	43212	Check		50.00		
Full Name of Contributor				Registration Number, if PAC			
Nicole Farrell							
Street Address				Registration Number, if PAC			
62 Latham Ct.							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
62 Latham Ct.	The Columbus Foundation	1	0	1	9	0	
City	State	Zip Code	Form(Cash,Check,etc)		Amount		
Columbus	O   H	43214	Check		50.00		

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Total contributions this event

Total expenditures this event

Page Total \$ 350.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Friends for Ginther			
Full Name of Contributor Elissa Schneider		Registration Number, if PAC	
Street Address 154 Lundy ST.	Employer/Occupation/Labor Organization* Columbus State Comm. Co	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregory Schultz		Registration Number, if PAC	
Street Address 672 1/2 N. High ST.	Employer/Occupation/Labor Organization* OH Dept of Administrative	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Dawn Tyler Lee		Registration Number, if PAC	
Street Address 2574 Dover Rd.	Employer/Occupation/Labor Organization* The Ohio State University C	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Micah Berman		Registration Number, if PAC	
Street Address 136 S. Roosevelt Ave.	Employer/Occupation/Labor Organization* Tobacco Public Policy Cent	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Christie Angel		Registration Number, if PAC	
Street Address 206 Beck St.	Employer/Occupation/Labor Organization* Sean Dunn & Associates /	M   D   Y 1   0   1   9   0   7	Amount 50.00
City Columbus	State   Zip Code O   H   43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Todd Lucas		Registration Number, if PAC	
Street Address 415 E. Weber St.	Employer/Occupation/Labor Organization* Clear Channel Outdoor / S	M   D   Y 1   0   1   9   0   7	Amount 51.45
City Columbus	State   Zip Code O   H   43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Kenneth Paul		Registration Number, if PAC	
Street Address 9013 Lago Lane	Employer/Occupation/Labor Organization* City of Columbus / Legisla	M   D   Y 1   0   1   9   0   7	Amount 100.00
City Lewis Center	State   Zip Code O   H   43035	Form(Cash,Check,etc) Check	

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Total contributions this event

Total expenditures this event

Page Total \$ 401.45

