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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends for Ginther							Registration Number, if PAC				
Full Name of Candidate Andrew J. Ginther											
Street Address 405 E. Town St.					Office Sought City Council			District At Large			
City Columbus							State O	H	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 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	\$ 351.57
2. Total monetary contributions (From Form No. 31-A)	\$ 11,478.00
3. Total other income (From Form No. 31-A-2)	\$ 2,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 13,829.57
5. Total monetary expenditures (From Form No. 31-B)	\$ 11,904.89
6. Balance on hand (line 4 minus line 5)	\$ 1,924.68
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)	\$ 857.82
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
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.

Jane M. O'Shaughnessy, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Jane M. O'Shaughnessy
Signature

7/31/08
Date

Contribution pages 7

Expenditure pages 8

Other pages 3

Total pages 18

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Domenico Franano					Registration Number, if PAC		
Street Address 2201 Riverside Dr. Apt. 313		Employer/Occupation/Labor Organization* The Wexner Center for the Arts / Members			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 1	D 1 0	Y 0 8	Amount 100.00	
Full Name of Contributor Norma Ginther					Registration Number, if PAC		
Street Address 1199 Highland St.		Employer/Occupation/Labor Organization* Institute for Human Services			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 1	D 1 5	Y 0 8	Amount 60.00	
Full Name of Contributor Contributions from form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City	State	Zip Code	M	D	Y	Amount 5,850.00	
Full Name of Contributor Norma Ginther					Registration Number, if PAC		
Street Address 1199 Highland St.		Employer/Occupation/Labor Organization* Institute for Human Services			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 2	D 2 1	Y 0 8	Amount 200.00	
Full Name of Contributor James Hess					Registration Number, if PAC		
Street Address 6201 Heritage Lakes Dr.		Employer/Occupation/Labor Organization* Messer / Executive			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 1 8	Y 0 8	Amount 50.00	
Full Name of Contributor Suliman Abdullah					Registration Number, if PAC		
Street Address 266 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 3	D 2 4	Y 0 8	Amount 50.00	
Full Name of Contributor Mark Corna					Registration Number, if PAC		
Street Address 2034 Quarry Crest DR.		Employer/Occupation/Labor Organization* Owner / Corna/Kokosing Construction			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0 3	D 2 4	Y 0 8	Amount 250.00	
Full Name of Contributor Michael 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 43213	M 0 3	D 2 6	Y 0 8	Amount 100.00	

* 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)]

Statement of Contributions Received

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor Stephen Daley					Registration Number, if PAC		
Street Address 4259 Olentangy Blvd.		Employer/Occupation/Labor Organization* Smith Barney / Financial Advisor			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 3	D 2 6	Y 0 8	Amount 200.00	
Full Name of Contributor Walter Chaffee					Registration Number, if PAC		
Street Address 17 Juniper Rd.		Employer/Occupation/Labor Organization* Brown & Caldwell/Engineer			Form (Cash, Check, etc.) Check		
City Franklin	State M A	Zip Code 02038	M 0 3	D 2 6	Y 0 8	Amount 250.00	
Full Name of Contributor Jeffrey McNealey					Registration Number, if PAC		
Street Address 41 South High St., 30th Floor		Employer/Occupation/Labor Organization* Porter Wright Morris & Arthur / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 1	Y 0 8	Amount 250.00	
Full Name of Contributor Norma Ginther					Registration Number, if PAC		
Street Address 1199 Highland St.		Employer/Occupation/Labor Organization* Institute for Human Services			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 4	D 0 1	Y 0 8	Amount 60.00	
Full Name of Contributor Joel and Laura Rhoades					Registration Number, if PAC		
Street Address 5975 South Section Line Road		Employer/Occupation/Labor Organization* EPCON Communities / VP			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 4	D 0 1	Y 0 8	Amount 250.00	
Full Name of Contributor Robert Agbede					Registration Number, if PAC		
Street Address 3 Quail Hill Rd.		Employer/Occupation/Labor Organization* ATS Chester / President			Form (Cash, Check, etc.) Check		
City Pittsburgh	State P A	Zip Code 15238	M 0 4	D 1 1	Y 0 8	Amount 500.00	
Full Name of Contributor Columbus/Central Ohio Building Trades Council-Education Fund					Registration Number, if PAC PCE 6131		
Street Address 555 E. Rich St., Rom 217		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 4	D 1 4	Y 0 8	Amount 250.00	
Full Name of Contributor Andy and Carrie Madison					Registration Number, if PAC		
Street Address 2476 Bexley Park Road		Employer/Occupation/Labor Organization* RS Garek & Associates / Owner			Form (Cash, Check, etc.) Online Contribu		
City Columbus	State O H	Zip Code 43209	M 0 4	D 2 8	Y 0 8	Amount 500.00	

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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 4	D 0 4	Y 0 8	Amount 250.00
Full Name of Contributor Jane Marie and Thomas Wheeler						Registration Number, if PAC	
Street Address 75 Lincoln Rd.			Employer/Occupation/Labor Organization* Best Effort / Best Effort			Form (Cash, Check, etc.) Check	
City Carmel		State N Y	Zip Code 10512	M 0 4	D 0 4	Y 0 8	Amount 250.00
Full Name of Contributor Frank Cipriano						Registration Number, if PAC	
Street Address P.O. Box 06354			Employer/Occupation/Labor Organization* Real Estate / Land Network			Form (Cash, Check, etc.) Online Contribu	
City Columbus		State O H	Zip Code 43206	M 0 4	D 0 7	Y 0 8	Amount 250.00
Full Name of Contributor Fraternal Order of Police Political Education Fund						Registration Number, if PAC LA 198	
Street Address 6800 Shrock Hill Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43229	M 0 4	D 0 7	Y 0 8	Amount 250.00
Full Name of Contributor The Raphael Company						Registration Number, if PAC	
Street Address 444 South Front St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 5	D 1 9	Y 0 8	Amount 1,000.00
Full Name of Contributor Benjamin Sasse						Registration Number, if PAC	
Street Address 7101 Brightwood Drive			Employer/Occupation/Labor Organization* Lawyer/Tucker Ellis & West LLP			Form (Cash, Check, etc.) Online Contribu	
City Concord		State O H	Zip Code 44077	M 0 6	D 1 0	Y 0 8	Amount 100.00
Full Name of Contributor The Huntington Bancshares Incorporated						Registration Number, if PAC PAC C00165589	
Street Address 41 South High St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 6	D 1 0	Y 0 8	Amount 250.00
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 0 6	D 2 6	Y 0 8	Amount 100.00

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Statement of Contributions Received

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Name of Committee in Full Friends for Ginther							
Full Name of Contributor William Habig					Registration Number, if PAC		
Street Address 3708 Raccoon Valley Rd.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Granville		State O H	Zip Code 43023	M 0 6	D 2 6	Y 0 8	Amount 33.00
Full Name of Contributor Robert Weiler					Registration Number, if PAC		
Street Address 41 S. High ST., Suite 1010			Employer/Occupation/Labor Organization* Robert Weiler Company / Developer			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 6	D 2 6	Y 0 8	Amount 75.00
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

* 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 Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther					
Full Name Andrew and Shannon Ginther				Registration Number, if PAC	
Address 98 Montrose Way		Type* L N	M 0 2	D 2 1	Y 0 8
City Columbus		State O H	Zip Code 43212		Amount 2,000.00
Form(Cash,Check,etc) Check					
Full Name					
Address				Registration Number, if PAC	
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form(Cash,Check,etc)					
Full Name					
Address				Registration Number, if PAC	
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form(Cash,Check,etc)					
Full Name					
Address				Registration Number, if PAC	
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form(Cash,Check,etc)					
Full Name					
Address				Registration Number, if PAC	
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form(Cash,Check,etc)					
Full Name					
Address				Registration Number, if PAC	
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form(Cash,Check,etc)					
Full Name					
Address				Registration Number, if PAC	
Address		Type*	M	D	Y
City		State	Zip Code		Amount
Form(Cash,Check,etc)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther								
To Whom Paid Franklin County Young Democrats				M	D	Y	Amount	
				1	2	17	07	100.00
Address 271 E. State St.		Purpose Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1538				
To Whom Paid Chase Bank				M	D	Y	Amount	
				1	2	18	07	3.00
Address 1500 W. 5th Ave.		Purpose Check Image Fee						
City Columbus		State OH	Zip Code 43212	Check Number				
To Whom Paid Postmaster Columbus				M	D	Y	Amount	
				1	2	28	07	164.00
Address 850 Twin Rivers Dr.		Purpose Postage						
City Columbus		State OH	Zip Code 43216	Check Number 1539				
To Whom Paid Adam S. Friedman				M	D	Y	Amount	
				0	1	10	08	9.95
Address 1784 Canvasback Lane		Purpose Reimbursement						
City Columbus		State OH	Zip Code 43215	Check Number 1540				
To Whom Paid Friends for John O'Grady				M	D	Y	Amount	
				0	1	17	08	100.00
Address 480 S. 3rd St.		Purpose Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1541				
To Whom Paid Adam S. Friedman				M	D	Y	Amount	
				0	1	23	08	29.95
Address 1784 Canvasback Lane		Purpose Reimbursement						
City Columbus		State OH	Zip Code 43215	Check Number 1542				
To Whom Paid Franklin County Democratic Party				M	D	Y	Amount	
				0	1	30	08	65.00
Address 271 E. State St.		Purpose Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1543				
To Whom Paid Tony's Italian Ristorante				M	D	Y	Amount	
				0	1	30	08	857.82
Address 16 West Beck St.		Purpose Event						
City Columbus		State OH	Zip Code 43215	Check Number 1544				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther								
To Whom Paid Chase Bank				M	D	Y	Amount	
				0	2	19	08	3.00
Address 1500 W. 5th Ave.		Purpose Check Image Fee						
City Columbus		State OH	Zip Code 43212	Check Number				
To Whom Paid Friends of John O'Grady				M	D	Y	Amount	
				0	2	21	08	1,000.00
Address 480 S. 3rd St		Purpose Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1545				
To Whom Paid Adam S. Friedamn				M	D	Y	Amount	
				0	2	21	08	39.90
Address 1784 Canvasback Lane		Purpose Reimbursement						
City Columbus		State OH	Zip Code 43215	Check Number 1546				
To Whom Paid Goodwin for Congress				M	D	Y	Amount	
				0	2	26	08	100.00
Address 535 W. First Ave,		Purpose Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1547				
To Whom Paid Fraternal Order of Police Capital City Lodge #9				M	D	Y	Amount	
				0	2	26	08	100.00
Address 6800 Shrock Hill Ct.		Purpose Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1548				
To Whom Paid Columbus NAACP				M	D	Y	Amount	
				0	2	28	08	100.00
Address 233 S High St # 207		Purpose Event Contribution						
City Columbus		State OH	Zip Code 43215	Check Number 1549				
To Whom Paid Angie Blevins				M	D	Y	Amount	
				0	3	06	08	75.00
Address 4448 Trailane Drive		Purpose Refreshments						
City Hilliard		State OH	Zip Code 43026	Check Number 1550				
To Whom Paid Ohio State College Democrats				M	D	Y	Amount	
				0	3	06	08	100.00
Address Ohio State Campus		Purpose Contribution						
City Columbus		State OH	Zip Code 43201	Check Number 1551				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther						
To Whom Paid Chase Bank	M 0	D 3	Y 18	Y 08	Amount 3.00	
Address 1500 West 5th Ave.	Purpose Check Image Fee					
City Columbus	State O	H	Zip Code 43212	Check Number		
To Whom Paid Postmaster Columbus	M 0	D 3	Y 19	Y 08	Amount 82.00	
Address 850 Twin Rivers Dr.	Purpose Postage					
City Columbus	State O	H	Zip Code 43216	Check Number 1552		
To Whom Paid Adam S. Friedman	M 0	D 3	Y 25	Y 08	Amount 69.85	
Address 1784 Canvasback Lane	Purpose Reimbursement					
City Columbus	State O	H	Zip Code 43215	Check Number 1553		
To Whom Paid United Way of Central Ohio	M 0	D 3	Y 26	Y 08	Amount 400.00	
Address 360 South Third St.	Purpose Event Table Payment					
City Columbus	State O	H	Zip Code 43215	Check Number 1554		
To Whom Paid Expenditure from form 31-F	M 0	D 3	Y 27	Y 08	Amount 465.00	
Address	Purpose					
City	State	H	Zip Code	Check Number 1555		
To Whom Paid Peter Koltak	M 0	D 3	Y 28	Y 08	Amount 100.00	
Address 66 E. Norwich	Purpose Contribution					
City Columbus	State O	H	Zip Code 43201	Check Number 1556		
To Whom Paid The Ohio State University	M 0	D 4	Y 01	Y 08	Amount 883.00	
Address 555 Borrer Dr.	Purpose Ticket Renewal					
City Columbus	State O	H	Zip Code 43210	Check Number 1557		
To Whom Paid Everyone for Ed Leonard	M 0	D 4	Y 02	Y 08	Amount 100.00	
Address 1480 Dublin Rd.	Purpose Contribution					
City Columbus	State O	H	Zip Code 43215	Check Number 1558		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther												
To Whom Paid Andrew Ginther						M	D	Y	Amount			
						0	4	0	4	0	8	2,000.00
Address 98 Montrose Way				Purpose Loan Reimbursement								
City Columbus		State O H		Zip Code 43212		Check Number 1559						
To Whom Paid Franklin County Democratic Women						M	D	Y	Amount			
						0	4	0	4	0	8	100.00
Address 271 E. State St.				Purpose Contribution								
City Columbus		State O H		Zip Code 43215		Check Number 1560						
To Whom Paid Don McTigue						M	D	Y	Amount			
						0	4	0	4	0	8	704.62
Address 550 East Walnut St.				Purpose Office Space								
City Columbus		State O H		Zip Code 43215		Check Number 1561						
To Whom Paid The Maryellen O'Shaughnessy Committee						M	D	Y	Amount			
						0	4	0	7	0	8	1,000.00
Address 1480 Dublin Rd.				Purpose Contribution								
City Columbus		State O H		Zip Code 43215		Check Number 1562						
To Whom Paid Dorris for Prosecutor						M	D	Y	Amount			
						0	4	1	1	0	8	100.00
Address 1480 Dublin Rd.				Purpose Contribution								
City Columbus		State O H		Zip Code 43215		Check Number 1563						
To Whom Paid Triedstone Hope Outreach						M	D	Y	Amount			
						0	4	1	1	0	8	125.00
Address 858 East 3rd Ave.				Purpose Event Ticket								
City Columbus		State O H		Zip Code 43201		Check Number 1564						
To Whom Paid Adam Friedman						M	D	Y	Amount			
						0	4	1	4	0	8	9.95
Address 1784 Canvasback Lane				Purpose Reimbursement								
City Columbus		State O H		Zip Code 43215		Check Number 1565						
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	4	1	4	0	8	422.71
Address 271 E. State St.				Purpose Postage								
City Columbus		State O H		Zip Code 43215		Check Number 1566						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends for Ginther							
To Whom Paid Franklin County Democratic Party				M	D	Y	Amount
				0	4	1	1,500.00
Address 271 E. State St.		Purpose Contribution					
City Columbus		State O H	Zip Code 43215	Check Number 1567			
To Whom Paid Postmaster Columbus				M	D	Y	Amount
				0	4	2	47.62
Address 850 Twin Rivers Dr.		Purpose Postage					
City Columbus		State O H	Zip Code 43216	Check Number 1568			
To Whom Paid Chase Bank				M	D	Y	Amount
				0	4	1	3.00
Address 1500 W. 5th Ave.		Purpose Check Image Fee					
City Columbus		State O H	Zip Code 43212	Check Number			
To Whom Paid Citizens to Elect John P. Carney				M	D	Y	Amount
				0	5	0	150.00
Address 357 E. Torrence Rd.		Purpose Contribution					
City Columbus		State O H	Zip Code 43214	Check Number 1569			
To Whom Paid Stonewall Democrats of Central Ohio				M	D	Y	Amount
				0	5	0	100.00
Address P.O. Box 10814		Purpose Contribution					
City Columbus		State O H	Zip Code 43201	Check Number 1570			
To Whom Paid The Ohio Democratic Party				M	D	Y	Amount
				0	5	1	100.00
Address 340 East Fulton St.		Purpose Contribution					
City Columbus		State O H	Zip Code 43215	Check Number 1571			
To Whom Paid Friends of Marian Harris				M	D	Y	Amount
				0	5	2	100.00
Address 5145 Holbrook Drive		Purpose Contribution					
City Columbus		State O H	Zip Code 43232	Check Number 1572			
To Whom Paid Adam Friedman				M	D	Y	Amount
				0	5	2	9.95
Address 1784 Canvasback Lane		Purpose Reimbursement					
City Columbus		State O H	Zip Code 43215	Check Number 1573			

