

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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 Sta			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	

* 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)]