

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 0 3	D 2 7	Y 0 8	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)]

Page Total \$ 6,660.00