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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Ginther								
Full Name of Contributor				Registration Number, if PAC				
Domenico Franano					·			
Street Address	Employer/Occi	:			Form (Cash, Check, etc.)			
2201 Riverside Dr. Apt. 313	1	the Arts	/ Mei	mhere				
City	State	Zip Code	M	D	Y	Amount		
Columbus	0   H	43221	011	110	0 8		100.00	
Full Name of Contributor			The state of the s	ation Nun		Anna de la companya del la companya de la companya		
Norma Ginther							,	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1199 Highland St.	Institut	Institute for Human Service				Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0   H	43201	01	1   5	018		60.00	
Full Name of Contributor			Registr	ation Nun	CONTRACTOR DESCRIPTION			
Contributions from form 31-E								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
						Check		
City	State	Zip Code	М	D	Y	Amount		
			0 3	2 7	0 8		5,850.00	
Full Name of Contributor			Registr	ation Num	ber, if P	<b>\</b> C		
Norma Ginther								
Street Address	Employer/Occupation/Labor Organization*				eminings (energies) in a field	Form (Cash, Check, etc.)		
1199 Highland St.	Institute for Human Servic					Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43201	0 2	2 1	0 8		200.00	
Full Name of Contributor			Registr	ation Num	ber, if P	₹C		
James Hess					o (figuralinia) populario de subgryo			
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6201 Heritage Lakes Dr.		/ Executive				Check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	IO H	43026	0 3	and the second s	0 8		50.00	
Full Name of Contributor			Registr	ation Num	ber, if PA	4C		
Suliman Abdullah								
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
266 Abbot Ave.		······	nsultants / Man. Check					
City	State	Zip Code	M	D	Y	Amount	<b></b>	
Worthington Full Name of Contributor	0 H	43085		2 4			50.00	
			Registra	ation Num	ber, if PA	4C		
Mark Corna Street Address	F 1 0	pation/Labor Organization*			e energy episces announcemental			
					Form (Cash, Check, etc.)			
2034 Quarry Crest DR.	Owner	ing Cons	Name and Address of the Owner, where the Owner, which the	_	Check			
Columbus	State O H	Zip Code	M	D	Y	Amount	050.00	
Full Name of Contributor		43204	0 3	and recommended to be recommended.	0 8		250.00	
Michael Silberstein			Kegistr	ation Num	wer, if PA	IC.		
Street Address	Employar/Occor	mation/Labor Occanization*	<u> </u>	200120000000000000000000000000000000000	YALESSE SANSKISKON	Form (Cash C	book ata	
		Employer/Occupation/Labor Organization*  Northwestern Mutual / Financial Advanced				Form (Cash, Check, etc.)		
1088 Fountain Lane, Apt. F <sub>City</sub>		Northwestern Mutual / Fin.   State   Zip Code			/isor Y	Check		
Columbus	OH	43213	M	D		Amount	100.00	
equired for contributions from individuals over \$100 to statewide a	$\dots \cup \cup \cup \cup \cup$	1 43413	0 3	120	0 8	<u> </u>	100.00	

Page Total \$ 6,660.00

<sup>\*</sup> 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)]