

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Dan Woodhouse					Registration Number, if PAC		
Street Address 2698 Bunker Dr.		Employer/Occupation/Labor Organization* Teachers Credit Union Investments / Mana			Form (Cash, Check, etc.) Check		
City Greenwood	State I N	Zip Code 46143	M 0	D 8	Y 1	Amount 100.00	
Full Name of Contributor James Joyce					Registration Number, if PAC		
Street Address 1335 Dubiln Rd.		Employer/Occupation/Labor Organization* HR Gray / President and CEO			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 1	Amount 1,000.00	
Full Name of Contributor I.B.E.W-C.O.P.E.					Registration Number, if PAC 8026		
Street Address 900 Seventh Street, NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Washington	State D C	Zip Code 20001	M 0	D 8	Y 1	Amount 1,000.00	
Full Name of Contributor Randy Borntrager					Registration Number, if PAC		
Street Address 522 S. Pearl Ave.		Employer/Occupation/Labor Organization* OH Democratic Party / Communications I			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1	Amount 60.00	
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	D 8	Y 1	Amount 1,000.00	
Full Name of Contributor Terry Kilgore					Registration Number, if PAC		
Street Address 3031 Birch Hollow Way		Employer/Occupation/Labor Organization* Terry L. Kilgore / Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231	M 0	D 8	Y 1	Amount 25.00	
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	

* 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 \$ 3,185.00