Page	<u>1</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends for Ginther						
Ill Name of Contributor			Registration Number, if	Registration Number, if PAC		
Randy Borntrager	.			Form (Cash, Check, etc.)		
Street Address	I -	Employer/Occupation/Labor Organization*				
522 S. Pearl Ave		/	/ Communications			
City	State	1 *	M D Y	Amount		
Columbus	0	H 43215	0 8 0 7 0			
Full Name of Contributor			Registration Number, if	PAC		
Robert and Shirley Crosby						
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
1520 Thurell Rd.		Retired		Check		
City	State	1 -	M D Y	Amount		
Columbus	0	H 43229	0 8 0 7 0			
Full Name of Contributor			Registration Number, if	PAC		
Dawn Tyler Lee						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2574 Dover Rd.	The Ohio State University Office of Govern Check					
City	State	1 *	M D Y	Amount		
Columbus	0	H 43209	0 8 0 7 0			
Full Name of Contributor			Registration Number, if	PAC		
Grayson L. Atha	To the second					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Chec					
1337 Neil Ave	King Ave. United Methodist Church / Seni Check					
City	State	1 *	M D Y	Amount		
Columbus	0	H 43201	0 8 0 7 0			
Full Name of Contributor			Registration Number, if	PAC		
Street Address	E10-vo-/C	Samuelia // shar Ossasiast	:*	Form (Cash, Chack, etc.)		
Sheet Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			roini (Cash, Check, etc.)		
City	State	Zip Code	M D Y	Amount		
City	State	Zip Code		Amount		
Full Name of Contributor			Registration Number, if	PAC		
run Name of Conditionol Number, il FAC						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, et						
Employer/Occupation/Lator Organization						
Čity	State	Zip Code	M D Y	Amount		
city		Dip Code				
Full Name of Contributor			Registration Number, if	PAC		
• • • • • • • • • • • • • • • • • • •						
Street Address	Employer/C	Occupation/Labor Organizat	ion*	Form (Cash, Check, etc.)		
3433 01.1441.050	Z.mpiojoi, s	ovapanom Zacor organism				
City	State	Zip Code	M D Y	Amount		
		24 30.00				
Full Name of Contributor			Registration Number, if	PAC		
, un i unit di continue di			,			
Street Address	Employer/C	Occupation/Labor Organizat	ion*	Form (Cash, Check, etc.)		
	Zampaojon voodpadom zavon vagamizadon			(3332, 3222, 337)		
City	State	Zip Code	M D Y	Amount		

Page Total \$ 200.00

^{*} 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)]