Page 1

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Friends for Ginther						
Full Name of Contributor			Registration Number, i	f PAC		
Greg Lestini	,					
Street Address	Employer	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
100 S Third St	Bricker and Eckler/Attorney			Check		
City	State	Zip Code	Date	Amount		
•		i -	07/01/2016			
Columbus Full Name of Contributor	ОН	43215	011001000	+ -,		
			Registration Number, i	IPAC		
Lewis Akins				I		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1375 E 9th St		and Andress/Attorney	T _n	Check		
City	State	Zip Code	Date	Amount		
Cleveland	ОН	44114	07/01/2016	\$1,000.00		
Full Name of Contributor			Registration Number, i	f PAC		
Harry Sutphen						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
PO Box 158	Sutphen/President			Check		
City	State Zip Code Date			Amount		
Amlin	OH 43002 07/01/2016			\$3,000.00		
Full Name of Contributor			Registration Number, if PAC			
William Gellner						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6433 Redmont Ct	Hazen &	Sawyer/Consultant		Check		
City	State	Zip Code	Date	Amount		
Middletown	OH	45004	07/01/2016	\$250.00		
Full Name of Contributor	•		Registration Number, i	f PAC		
Denise Fitzgerald						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4060 Oak Tree Ct	N/A			Check		
City	State	Zip Code	Date	Amount		
Loveland	ОН	45140	07/01/2016	\$250.00		
Full Name of Contributor			Registration Number, i	f PAC		
Gary Haubner						
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)		
5881 Woodbridge Ln	Hazen & Sawyer/Manager			Check		
City	1 1		Date	Amount		
West Chester	OH	45069	07/01/2016	\$250.00		
Full Name of Contributor	1 011	.5007	Registration Number, i			
Bret Casey	Registration Parities, if I Ac					
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)		
86 Pocono rd	1 '	Sawyer/Consultant	iizmi0ii	Check		
City	State	Zip Code	Date	Amount		
	i	_		i		
Columbus	OH 43235 07/01/2016			\$250.00		

Total contributions this event	_	Total expenditures this event	_	
				Page Total: \$6,000.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 2

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Friends for Ginther						
Full Name of Contributor			Registration Number, i	f PAC		
Christie Angel						
Street Address	Employer	/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)		
206 E Beck St	Calfee /Attorney			Check		
City	State	Zip Code	Date	Amount		
Columbus	OH	43206	07/01/2016	\$1,000.00		
Full Name of Contributor	Registration Nur			, ,		
			Registration Number,	ITAC		
Jen Lynch Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
34 N Remington Rd	Remington Road Group/Consultant			Check		
City	State	Zip Code	Date	Amount		
•	OH	43209	07/01/2016	\$1,000.00		
Bexley Full Name of Contributor				. /		
			Registration Number, i	II PAC		
Anthony Slanec	F1	/// // //		F (C1- Ch1+-)		
Street Address 131 E Moler St	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	OHM/Consultant State Zip Code Date			Check Amount		
City						
Columbus Full Name of Contributor	ОН	07/01/2016	\$500.00			
			Registration Number, if PAC			
Mike Battles	I _{E 1}	/0 / / / 1 0	: .: *	F (C 1 Cl 1 ()		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4454 Idea Center Blvd		t/Consultant	T _n	Check		
City	State	Zip Code	Date	Amount		
Dayton	ОН	45430	07/01/2016	\$2,500.00		
Full Name of Contributor			Registration Number, i	If PAC		
Tobias Iloka	T		<u> </u>	T		
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)		
6677 Spring Run Dr	 	/Consultant	1_	Check		
City	State	Zip Code	Date	Amount		
Westerville	ОН	43082	07/01/2016	\$2,000.00		
Full Name of Contributor			Registration Number, if PAC			
Fred Ransier	1			1		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
52 E Gay St	Vorys, Sater, Seymour and Pease LLP/Attorney			Check		
City	State	Zip Code	Date	Amount		
Columbus	OH 43215 07/01/2016 \$3,000.00			. ,		
Full Name of Contributor			Registration Number, i	f PAC		
Joseph Ruggola				T		
Street Address	1	/Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)		
6805 Oak Creek Sr		President		Check		
City	State	Zip Code	Date	Amount		
Columbus	ОН	43229	07/01/2016	\$5,000.00		

Total contributions this event	Total expenditures this event	_	
			Page Total: \$15,000.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 3

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Friends for Ginther Full Name of Contributor Abjagil Wexner Sures Address 3 Limited Pkwy Self/Philanthropist Columbus OH 43219 O7/01/2016 S10,000.00 Full Name of Contributor Sures Address Size Explored Date Amount Columbus OH 43219 O7/01/2016 S10,000.00 Full Name of Contributor Lesdie Wexner Sures Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date Amount Columbus OH 43219 O7/01/2016 S10,000.00 Form (Cash, Check, etc.) Check City State Zip Code Date Amount Columbus OH 43219 O7/01/2016 S10,000.00 Full Name of Contributor Surest Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date Amount Check City State Size Zip Code Date Amount Check City State Zip Code Date Amount Check Check Check City State Zip Code Date Amount Check Check City State Zip Code Date Amount Check Check Check City State Zip Code Date Amount Check Check Check Check City State Zip Code Date Amount Check Check Check Check Check Check Check City State Zip Code Date Amount Check Ch	Name of Committee in Full				
Fall Name of Contributor Registration Number, if PAC					
Abigail Wexner				Registration Number i	f PAC
Street Address Employer**Occupation Labor Organization* Form (Cash, Check, etc.)				Tregistration Trainion, 1	
Self/Philanthropist	-	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City State Zip Code Date Amount Full Name of Contributor Leslie Wexner Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code Date Amount Columbus OH 43219 07/01/2016 \$10,000.00 Full Name of Contributor Registration Number, if PAC Part Amount Amount Shyam Rajadhyaksha Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6121 Huntley Rd DLZ/Consultant Check Check Check, etc.) 6121 Huntley Rd DLZ/Consultant Check Amount Check, etc.) 6121 Huntley Rd DLZ/Consultant Check Amount Check, etc.) 6121 Huntley Rd DLZ/Consultant Check Amount Check Chec	3 Limited Pkwy				Check
Columbus OH 43219 07/01/2016 \$10,000,00 Full Name of Contributor Registration Number, if PAC Lessie Wexner Imployer/Occupation/Labor Organization* Form (Cash, Check, etc.) Steve Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 3 Limited Pkwy Limited Brands/Chairman & CEO Check City State Zip Code Date Amount Columbus OH 43219 07/01/2016 \$10,000.00 Full Name of Contributor Registration Number, if PAC Stypam Rajadhyaksha Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6121 Huntley Rd DLZ/Consultant Check City State Zip Code Date Amount Columbus OH 43229 07/01/2016 \$2,500.00 Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00	•			Date	
Full Name of Contributor Leslie Wexner		ОН	i -	07/01/2016	\$10,000.00
Leslie Wexner Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Static Pkwy State Zip Code Date Amount	Leslie Wexner				
City State OH Zip Code Aug Date On Mount Amount Amount Columbus OH 43219 07.01/2016 \$10,000.00 Shyam Rajadhyaksha Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6121 Huntley Rd DIZ/ZOnsultant Check City State Zip Code Date Amount Date Amount Columbus OH 43229 07.01/2016 \$2,500.00 Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Curtis Moody Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 300 Spruce St Moody Nolan/Consultant Check City State Zip Code Date Amount Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date Amount Check City State Zip Code Date Amount Check City	Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Columbus OH 43219 07/01/2016 \$10,000.00 Full Name of Contributor Registration Number, if PAC Shyam Rajadhyaksha Employer/∪ccupation/Labor Organization* Form (Cash, Check, etc.) 6121 Huntley Rd DLZ/Couttant Check City State Zip Code Date Amount Columbus OH 43229 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Curtis Moody State Zip Code Date Amount Street Address Moody Nolan/Consultant Check Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Form (Cash, Check, etc.) Check Eric Ondrak Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) 300 E Broad St AECOM/Consultant Check Check City State Zip Code Date </td <td>3 Limited Pkwy</td> <td>Limited I</td> <td>Brands/Chairman & Cl</td> <td>EO</td> <td>Check</td>	3 Limited Pkwy	Limited I	Brands/Chairman & Cl	EO	Check
Registration Number, if PAC	City	State Zip Code Date			Amount
Shyam Rajadhyaksha Street Address Employer/Cupation/Labor Organization* Form (Cash, Check, etc.)	Columbus	ОН	43219	07/01/2016	\$10,000.00
Street Address Employer/∪cupation/Labor Organi⊥ation* Form (Cash, Check, etc.) 6121 Huntley Rd DLZ/Consultant Check City State Zip Code Date Amount Columbus OH 43229 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Curtis Moody Street Address Employer/∪cupation/Labor Organi⊥ation* Form (Cash, Check, etc.) 300 Spruce St Moody Nolan/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Form (Cash, Check, etc.) Street Address Employer/∪cupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Registration Number, if PAC Micheal Roeder T&M/Consultant Check <td>Full Name of Contributor</td> <td>•</td> <td>•</td> <td>Registration Number, i</td> <td>f PAC</td>	Full Name of Contributor	•	•	Registration Number, i	f PAC
DLZ/Coultant	Shyam Rajadhyaksha				
City State Columbus Zip Code August Date Date Date Date Amount Amount Agreement Date Septiation Number, if PAC Columbus OH 43229 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Curtis Moody State Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 300 Spruce St Moody Nolan/Consultant Check City State Zip Code Date Amount Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date Amount Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Michael Roeder T&M/Consultant Check Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 12 Mitchell Place T&M/Consultant Check City State	Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Columbus OH 43229 07/01/2016 \$2,500.00 Full Name of Contributor Curtis Registration Number, if PAC Curtis Moody Employer/∪cupation/Labor Organization* Form (Cash, Check, etc.) 300 Spruce St Moody Nolan/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Employer/∪cupation/Labor Organization* Form (Cash, Check, etc.) 300 E Broad St AECOM/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Michael Roeder Temployer/Ucupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code D	6121 Huntley Rd	DLZ/Consultant			Check
Full Name of Contributor Curtis Moody Street Address Spruce St Moody Nolam/Consultant Columbus Columbus Street Address Stree	City	State Zip Code Date			Amount
Curtis Moody Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 300 Spruce St Moody Nolan/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, it PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 300 E Broad St AECOM/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Registration Number, if PAC Michael Roeder Street Address Employer/Cupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer/Cupation/Labor Organization* Form (Cash, Check, etc.) 12 Mitchell Place T&M/Consultant Check City State Zip Code Date Amount Little Silver NJ 7739 07/01/	Columbus	OH 43229 07/01/2016			\$2,500.00
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 300 Spruce St Moody Nolan/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 300 E Broad St AECOM/Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Michael Roeder Street Address Employer/Ccupation/Labor Organization* Form (Cash, Check, etc.) 12 Mitchell Place TakM/Consultant Check City State Zip Code Date Amount Little Silver NJ 7739 07/	Full Name of Contributor	Registration Number, if PAG			f PAC
300 Spruce St Moody Value Consultant Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Fric Ondrak Street Address Employer/□cupation/Labor Organization* Form (Cash, Check, etc.) 300 E Broad St AECOM/□cupation/Labor Organization* Check City State Zip Code Date Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Michael Roeder Street Address Employer/□cupation/Labor Organization* Form (Cash, Check, etc.) 12 Mitchell Place Take/Consultant Check City State Zip Code Date Amount Little Silver NJ 7739 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC <tr< td=""><td>Curtis Moody</td><td></td><td></td><td></td><td></td></tr<>	Curtis Moody				
City State Columbus Zip Code OH Date Date Amount Amount Columbus OH 43215 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC Fric Ondrak Street Address Employer/○ccupation/Labor Organization* Form (Cash, Check, etc.) 300 E Broad St AECOM/Consultant Check City State Zip Code Date Amount Clumbus Of/01/2016 \$2,500.00 Full Name of Contributor T&M/Consultant Check City State Zip Code Date Amount Little Silver Take Take To Check Por/01/2016 \$2,500.00 Full Name of Contributor NJ 7739 07/01/2016 \$2,500.00 Full Name of Contributor Registration Number, if PAC John Kompa					

Total contributions this event	Total expenditures this event	_	
			Page Total: \$32,500.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 4

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Friends for Ginther						
Full Name of Contributor			Registration Number, in	mber if PAC		
Andy Hahn						
Street Address	Employer	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
300 S Meridian St	CHA /Co	-	ization	Check		
City	State	Zip Code	Date	Amount		
Indianapolis	IN	46225	07/01/2016	\$2,500.00		
Full Name of Contributor	Registration Nu					
Karen Morrison			Registration Number, in	TAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
180E Broad St		alth/Government Relati		Check		
City	State	Zip Code	Date	Amount		
Columbus	OH	43215	07/01/2016	\$2,500.00		
Full Name of Contributor				. ,		
Thomas Carey			Registration Number, in	THE		
Street Address	Employer	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
407 S Delphia Ave	Employer/Occupation/Labor Organization* Patrick Engineering/Consultant			Check		
City	State Zip Code Date			Amount		
Park Ridge	IL 60068 07/01/2016			\$2,500.00		
Full Name of Contributor	IL		. ,			
Richard Ryan	Registration Number, if PAC					
Street Address	Employer	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
125 Frankfort Sq	Employer/Occupation/Labor Organization* Retired			Check		
City	State	Zip Code	Date	Amount		
Columbus	OH	43206	07/01/2016	\$400.00		
Full Name of Contributor	OH	43200	Registration Number, in			
Fran Ryan			Registration Number, in	TAC		
Street Address	Employer	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
125 Frankfort Sq	Retired	Occupation/Labor Organ	ization	Check		
City	State	Zip Code	Date	Amount		
Columbus	OH	43206	07/01/2016	\$100.00		
Full Name of Contributor	OH	43200	Registration Number, in	· ·		
Yung Lu	Registration Number, if FA			THE		
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)		
1881 Brandywine Dr	Retired			Check		
City			Date	Amount		
Columbus	OH	43220	07/01/2016	\$150.00		
Full Name of Contributor	OH	43220	Registration Number, is			
Charles Santer	Registration Number, if PAC			11110		
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)		
221 W Hubbard Ave	1 1	ommunities/President	12ati011	Check		
City	State	Zip Code	Date	Amount		
Columbus	OH	43215	07/01/2016	\$150.00		
Columbus	OH 43213 07/01/2010 \$130					

Total contributions this event	_	Total expenditures this event	_	
				Page Total: \$8,300.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 5

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Friends for Ginther						
Full Name of Contributor			Registration Number i	egistration Number, if PAC		
Bruce Bassett			Registration (valider, i	TIME		
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)		
1378 Rich Hill Ct	Stantec/Consultant			Check		
City	State	Zip Code	Date	Amount		
Centerburg	OH	43011	07/01/2016	\$150.00		
Full Name of Contributor	Registration Nu					
Joseph Sullivan			Registration Number, i	TIAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7539 Bardston Dr		Consultant	iization	Check		
City	State	Zip Code	Date	Amount		
Dublin	OH 43017 Date 07/01/2016			\$150.00		
Full Name of Contributor	OH	43017	Registration Number, i	· ·		
Tim Ely			Registration (valider, i	TINC		
Street Address	Employer	Occupation/Labor Organ	ization*	Form (Cash, Check, etc.)		
555 E Rich St	Employer/Occupation/Labor Organization* Columbus Building Trades/President			Check		
City	State Zip Code Date			Amount		
Columbus	OH 43215 07/01/2016			\$150.00		
Full Name of Contributor						
Elie Sabbagh	Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6726 Monticello Ln	Stantec/Consultant			Check		
City	State	Zip Code	Date	Amount		
Dublin	OH	43016	07/01/2016	\$150.00		
Full Name of Contributor	OH	43010	Registration Number, i	· ·		
Steven Munger			Registration Number, i	TTAC		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
181 N Vine St		Caldwell/Consultant		Check		
City	State	Zip Code	Date	Amount		
Westerville	OH	43081	07/01/2016	\$50.00		
Full Name of Contributor	OII	45001	Registration Number, i	·		
Tim Velazco	Registration I varies					
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)		
635 Montrose Ave	Schooley Caldwell/Architect			Check		
City	T		Date	Amount		
Bexley	ОН	43209	07/01/2016	\$50.00		
Full Name of Contributor	Registration Numb					
Patricia Lombardi	rogional of Frances, in France			-		
Street Address	Employer/Occupation/Labor Organization*		ization*	Form (Cash, Check, etc.)		
3524 Chipshot Ct		mmunications		Check		
City	State	Zip Code	Date	Amount		
Columbus	OH	43228	07/01/2016	\$150.00		
* Paguired for contributions from individuals over \$100 to statewide		-	'			

Total contributions this event	Total expenditures this event	_	
			Page Total: \$850.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 6

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends for Ginther					
Full Name of Contributor			Registration Number, i	her if PAC	
David Goldwater					
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
14728 Macduff Dr	Stantec/Consultant			Check	
City	Statte State	Zip Code	Date	Amount	
Noblesville	i	46062	07/01/2016	\$150.00	
Full Name of Contributor	IN 46062 07/01/2016 Registration Nur				
Mary Fenlon			Registration Number, 1	TTAC	
Street Address	Fundamental II also Occasionis			Form (Cash, Check, etc.)	
707 W Barry Ave	Employer/Occupation/Labor Organization*			Check	
City	AT&T/Attorney State Zip Code Date			Amount	
Chicago				\$150.00	
Full Name of Contributor	<u>_</u>			· ·	
Jan Giangardella			Registration Number, i	TTAC	
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
2222 Bryton Dr	Employer/Occupation/Labor Organization* OSU/Fiscal Associate			Check	
City	State Zip Code Date			Amount	
Powell	OH 43065 07/01/2016			\$150.00	
Full Name of Contributor	OH				
Fritz Smith	Registration Number, if PAC				
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
2479 Wenbury Rd	Employer/Occupation/Labor Organization* Retired			Check	
City	State	Zip Code	Date	Amount	
Columbus	OH	43220	07/01/2016	\$150.00	
Full Name of Contributor	OH	43220	Registration Number, i	· ·	
Ira Sully			Registration Number, i	THE	
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
844 S Front St	Self/Atto		nzuron	Check	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43206	07/01/2016	\$150.00	
Full Name of Contributor	OII	13200	Registration Number, i		
Afaf Musa	Registration (Value of a 1770)				
Street Address	Employer/Occupation/Labor Organization*		nization*	Form (Cash, Check, etc.)	
256 Bladwin Ct	CDM Smith/PE			Check	
City	T T T T T T T T T T T T T T T T T T T		Date	Amount	
Westerville	ОН	43082	07/01/2016	\$100.00	
Full Name of Contributor	011	1.5002	Registration Number, i	· ·	
Russell Critelli	Augustinos i antico, a i i i c				
Street Address	Employer	Occupation/Labor Organ	_ _ nization*	Form (Cash, Check, etc.)	
107 Wodside Ave	1	nith/PE, PMP		Check	
City	State	Zip Code	Date	Amount	
Huron	OH	44839	07/01/2016	\$150.00	
11.10h					

	ontributions this event	To	
Page Total: \$1,000			

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 7

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends for Ginther			.		
full Name of Contributor			Registration Number, if PAC		
Erik Owens				•	
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
2550 Tucker Trail	SaleGolo	l Star Energy/VP		Check	
City	State	Zip Code	Date	Amount	
Lewis Center	OH	43035	07/01/2016	\$150.00	
Full Name of Contributor	Contributor			f PAC	
Thomas Jedlinsky					
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
825 Retreat Ln	CDM Sn	nith/PE, PLS		Check	
City	State	Zip Code	Date	Amount	
Powell	ОН	43065	07/01/2016	\$150.00	
Full Name of Contributor	•	•	Registration Number, i	f PAC	
Cuneyt Feizoulof					
Street Address			nization*	Form (Cash, Check, etc.)	
5053 N Long Ave	CDM Sn	nith/PE		Check	
City	State	Zip Code	Date	Amount	
Chicago	IL	60630	07/01/2016	\$150.00	
Full Name of Contributor		•	Registration Number, if PAC		
Derek Wride					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2039 Tucker Trail	CDM Smith/PE, BCEE			Check	
City	State	Zip Code	Date	Amount	
Lewis Center	OH	43035	07/01/2016	\$150.00	
Full Name of Contributor			Registration Number, if PAC		
Richard Roberts					
Street Address				Form (Cash, Check, etc.)	
41 W Lincoln	Self/Consultant			Check	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43215	07/01/2016	\$150.00	
Full Name of Contributor			Registration Number, if PAC		
Benjamin Ritchey					
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
7547 Tullymore Dr	CDM Smith/PMP			Check	
City	State	Zip Code	Date	Amount	
Dublin	ОН	43016	07/01/2016	\$100.00	
Il Name of Contributor			Registration Number, i		
Duguid					
Street Address	Employer	Occupation/Labor Organ	nization*	Form (Cash, Check, etc.)	
500 Grant St	Michael Baker Corp/Consultant			Check	
City	State	Zip Code	Date	Amount	
Pittsburgh	PA	15219	07/01/2016	\$500.00	

Total contributions this event	Total expenditures this event	_	
			Page Total: \$1,350.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.

Page 8

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends for Ginther					
Full Name of Contributor			Registration Number, if PAC		
Lisa Griffin					
Street Address	Employe	r/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)	
1917 Marblecliff Crossing Ct	Griffin Communcations/President			Check	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43204	07/01/2016	\$500.00	
Full Name of Contributor			Registration Numbe		
The Montrose Group, LLC			Ĭ	,	
Street Address	Employe	r/Occupation/Labor Or	ganization*	Form (Cash, Check, etc.)	
106 Montrose Way	Employer/occupation/Easor Organization		<i>G</i>	Check	
City	State	Zip Code	Date	Amount	
Columbus	ОН	43214	08/23/2016	\$250.00	
Full Name of Contributor			Registration Numbe	•	
N/A			N/A	,	
Street Address	Employe	r/Occupation/Labor Or		Form (Cash, Check, etc.)	
N/A	N/A	1		N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor	- "	1 - "	Registration Numbe		
N/A			N/A		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
N/A	N/A		N/A		
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor		1 "	Registration Number, if PAC		
N/A			N/A		
Street Address	dress Employer/Occupation/Labor O			Form (Cash, Check, etc.)	
N/A	N/A			N/A	
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor	1		Registration Numbe	r, if PAC	
			N/A	N/A	
Street Address	Employe	r/Occupation/Labor Or		Form (Cash, Check, etc.)	
N/A	N/A		N/A		
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	
Full Name of Contributor			Registration Numbe		
N/A		N/A			
Street Address	Employer/Occupation/Labor Orga			Form (Cash, Check, etc.)	
N/A	N/A		N/A		
City	State	Zip Code	Date	Amount	
N/A	N/A	N/A	N/A	\$0.00	

Total contributions this event	Total expenditures this event	
\$65,750.00	\$0.00	Page Total: \$750.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]
Fill in the boxes below only on the last page for this event.