



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Friends of McGivern				
Full Name of Contributor Michael Kelley			Registration Number, if PAC	
Street Address 250 East Broad Street	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/30/2017	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robert P. Kirkley			Registration Number, if PAC	
Street Address 7548 Overland Tr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/30/2017	Amount \$100.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, Etc) Check	
Full Name of Contributor Cynthia L. Kirkley			Registration Number, if PAC	
Street Address 7548 Overland Tr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/30/2017	Amount \$100.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, Etc) Check	
Full Name of Contributor Laurel Lipnos			Registration Number, if PAC	
Street Address 7019 Dean Farm Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/30/2017	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, Etc) Check	
Full Name of Contributor M/I Homes PAC			Registration Number, if PAC C00418830	
Street Address 3 Easton Oval, Suite 420	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/30/2017	Amount \$400.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, Etc) Check	

* 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.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 800.00