

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of McGivern						
Full Name of Contributor Robert E. Yoakam			Registration Number, if PAC			
Street Address 999 Polaris Parkway, Suite 200	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 250.00
City Columbus	State O	Zip Code 43240	Form(Cash, Check, etc) Check			
Full Name of Contributor John W. Royer			Registration Number, if PAC			
Street Address 1480 Dublin Road	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 500.00
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Richard J. Conie			Registration Number, if PAC			
Street Address 3900 Tarrington Lane	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 250.00
City Columbus	State O	Zip Code 43220	Form(Cash, Check, etc) Check			
Full Name of Contributor Daniel M. O'Brien			Registration Number, if PAC			
Street Address 1173 McCleary Ct.	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 250.00
City Columbus	State O	Zip Code 43235	Form(Cash, Check, etc) Check			
Full Name of Contributor Julie S. Bacome			Registration Number, if PAC			
Street Address 5400 Muirfield Court	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 250.00
City Dublin	State O	Zip Code 43017	Form(Cash, Check, etc) Check			
Full Name of Contributor Kevin Dale Kershner			Registration Number, if PAC			
Street Address 214 Wagon Trail South	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 100.00
City Powell	State O	Zip Code 43065	Form(Cash, Check, etc) Check			
Full Name of Contributor Matthew Callahan			Registration Number, if PAC			
Street Address 5782 Tarton Circle N	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6	Amount 150.00
City Dublin	State O	Zip Code 43017	Form(Cash, Check, etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)]

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 \$ 1,750.00