

Event Date 3/19/2009

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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 Keith H. Brooks				Registration Number, if PAC	
Street Address 2950 Linkbury Lane	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lillian Kim Basso				Registration Number, if PAC	
Street Address 100 Walhalla Park Place	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Constance R. Nolder				Registration Number, if PAC	
Street Address 3855 Pleasantbrook Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Scott R. Nein				Registration Number, if PAC	
Street Address 3352 Eastwoodlands Trail	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Rebecca Lauber Jeffries				Registration Number, if PAC	
Street Address 1977 Havenswood Place	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Blacklick	State O	Zip Code 43004	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Robert L. Howard				Registration Number, if PAC	
Street Address 3312 Northampton Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Daniel J. Kelso				Registration Number, if PAC	
Street Address 6522 Estel Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Worthington	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 400.00