

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 Olivia U. Bertini				Registration Number, if PAC	
Street Address 10675 NC Highway 105 S, Unit 4		Employer/Occupation/Labor Organization*		M D Y	Amount
City Banner Elk		State N C	Zip Code 28604	0 4 0 6 1 7	150.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Stephanie Klein					
Street Address 3670 Scioto Run Boulevard		Employer/Occupation/Labor Organization*		M D Y	Amount
City Hilliard		State O H	Zip Code 43026	0 4 0 6 1 7	25.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Amanda Spires					
Street Address 3408 St. Charles Lane		Employer/Occupation/Labor Organization*		M D Y	Amount
City Hilliard		State O H	Zip Code 43026	0 4 0 6 1 7	40.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Mehul D. Patel					
Street Address 16510 Square Drive		Employer/Occupation/Labor Organization*		M D Y	Amount
City Marysville		State O H	Zip Code 43040	0 4 0 6 1 7	40.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Keith H. Brooks					
Street Address 2950 Linkbury Lane		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State O H	Zip Code 43221	0 4 0 6 1 7	40.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Gary C. Suhadolnik					
Street Address 15046 Forestwood Drive		Employer/Occupation/Labor Organization*		M D Y	Amount
City Strongsville		State O H	Zip Code 44149	0 4 0 6 1 7	50.00
Form(Cash,Check,etc) Check					
Full Name of Contributor Sean A. Mentel					
Street Address 1824 Collingswood Road		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State O H	Zip Code 43221	0 4 0 6 1 7	150.00
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 \$ 495.00