

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of McGivern									
To Whom Paid Expenditures from Form 31-F						M 0	D 3	Y 1	Amount 113.22
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid Expenditures from Form 31-F						M 0	D 4	Y 0	Amount 366.10
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid Brice Civiello						M 0	D 4	Y 2	Amount 655.01
Address 41 S. High Street, Suite 1275		Purpose Reimbursement for postage & mailing expenses							
City Columbus	State O	Zip Code H 43215	Check Number 1003						
To Whom Paid Brice Civiello						M 0	D 4	Y 2	Amount 769.80
Address 41 S. High Street, Suite 1275		Purpose Reimbursement for campaign literature							
City Columbus	State O	Zip Code H 43215	Check Number 1004						
To Whom Paid Safeguard Business Systems						M 0	D 5	Y 0	Amount 41.52
Address 1721 West 3rd Avenue		Purpose Checks							
City Columbus	State O	Zip Code H 43212	Check Number 1006						
To Whom Paid American Strategies, LLC						M 0	D 4	Y 2	Amount 891.29
Address 41 S. High Street, Suite 1275		Purpose Literature & Endorsement Autocalls							
City Columbus	State O	Zip Code H 43215	Check Number 1002						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						