

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of McGivern</b>					
Full Name of Contributor <b>Benjamin J. Kaiser</b>				Registration Number, if PAC	
Street Address <b>72 W. 1st Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43201</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>40.00</b>
Full Name of Contributor <b>Dennis K. Kiechle</b>				Registration Number, if PAC	
Street Address <b>6181 Heritage Point Court</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Gary L. Vawter</b>				Registration Number, if PAC	
Street Address <b>6069 Heritage Lakes Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Tony Sharpe</b>				Registration Number, if PAC	
Street Address <b>3312 Northampton Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>80.00</b>
Full Name of Contributor <b>Sheila Tompos</b>				Registration Number, if PAC	
Street Address <b>389 Scottsdale Court</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Westerville</b>	State <b>O</b>	Zip Code <b>H 43082</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>80.00</b>
Full Name of Contributor <b>Michelle M. Fitzgibbon</b>				Registration Number, if PAC	
Street Address <b>2164 Tremont Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Upper Arlington</b>	State <b>O</b>	Zip Code <b>H 43221</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>40.00</b>
Full Name of Contributor <b>Scott E. Clubbs</b>				Registration Number, if PAC	
Street Address <b>3740 Darby Knolls Boulevard</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0617</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>

\* 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 \$ 640.00