



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of McGivern				
Full Name of Contributor Committee to Elect Donald Schonhardt			Registration Number, if PAC	
Street Address 5307 Franklin Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/08/2017	Amount \$5,000.00
Full Name of Contributor Francis M. Fitzgerald			Registration Number, if PAC	
Street Address 15277 Club Course Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bath	State MI	Zip Code 48808	Date (MM/DD/YYYY) 11/08/2017	Amount \$100.00
Full Name of Contributor The Isaac Wiles Political Action Committee			Registration Number, if PAC CP-1058	
Street Address 2 Miranova Place, Suite 700		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/08/2017	Amount \$500.00
Full Name of Contributor BIA Build PAC of Central Ohio			Registration Number, if PAC	
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 11/28/2017	Amount \$500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also appear. [R.C. 3517.10(B)(4)]