Page	2
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## Statement of Contributions Received

Prescribed by Secretary of State 2/01

News of Committee in Full						girkawan ana ana		
Name of Committee in Full								
Friends of McGivern				To :		1.00		
Full Name of Contributor				Registr	ation Nur	iber, ii PA	C	
Patricia S. Eshman	Trs. I	10				************		
Street Address	Employe	er/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	
411 Richards Road						,	Check	
<sup>City</sup> Columbus	O	ate H	Zip Code 43214	$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	1 5	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 9$	Amount 150.00	
Full Name of Contributor					ation Num	the second section of the second	C	
James P. Joyce								
Street Address	Employe	r/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	
3770 Ridge Mill Drive							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Hilliard	0	Н	43026	$0 \mid 4$	1 5	0 9	300.00	
Full Name of Contributor					ation Num		Commission of the Commission o	
Resources PAC	CP 1076							
Street Address	Employe	r/Occup		Form (Cash, Check, etc.)				
17 South High Street, Suite 245		Employer/Occupation/Labor Organization					Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43215	1 .	1 .	1 1	150.00	
Full Name of Contributor	10	11	1 43213	$0 \mid 4$	was a market and a service of the service of	apearer mission minimized	THE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER, THE OWNER OF THE OWNER, THE O	
Contributions from Form No. 31-E				Registra	ation Num	ber, if PA	C	
	ls i	<i>'</i> 0	ation/Labor Organization					
Street Address	Employe				Form (Cash, Check, etc.)			
				<del></del>	- <del></del>	,		
City	St	ate	Zip Code	M	D	1 1	Amount	
				0 3	1 9	0 9	1,400.00	
Full Name of Contributor				Registra	ation Num	ber, if PA	С	
Contributions from Form No. 31-E					***************************************			
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)	
City	Sta	ate	Zip Code	М	D	Y	Amount	
				0 4	0 2	0 9	1,680.00	
Full Name of Contributor				AND THE PERSON NAMED IN COLUMN	tion Num	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	C	
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
							, , ,	
City	Sta	ate	Zip Code	M	D	Y	Amount	
			•					
Full Name of Contributor				Registra	tion Num	her if PA	C	
				registr	icion i vuin	001, 11 1 7 1	C	
Street Address	Employe	r/Occupa	ntion/Labor Organization		enternament et en		Form (Cash, Check, etc.)	
Succe Address	Linploye	и Оссира	mon-Labor Organization	Form (Cash, Check, etc.)				
C4 .	<del></del>		[2: C ]	<del></del>	T =	<del></del>		
City	Sta	ite	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
City	Sta	ite	Zip Code	М	D	Y	Amount	
					-karanan makan marana			

Page Total \$ 3,680.00

<sup>\*</sup> Required for contributions 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)