

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full 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	M 0	D 5	Y 0	Amount \$5,000.00
Full Name of Contributor Richard T. Beckett						Registration Number, if PAC	
Street Address 5126 Chaffinch Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 0	D 5	Y 0	Amount \$125.00
Full Name of Contributor Jeremey J. Shepherd						Registration Number, if PAC	
Street Address 4562 Stonewood Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Middleton		State WI	Zip Code 53562	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor Albert J. Iosue						Registration Number, if PAC	
Street Address 5793 Walterway Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor Kurt O. Gearhiser						Registration Number, if PAC	
Street Address 4484 Trailane Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor Painter and Associates, LLC						Registration Number, if PAC	
Street Address 5123 Norwich Street, Suite 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 0	D 5	Y 0	Amount \$100.00
Full Name of Contributor Stivers for Congress						Registration Number, if PAC	
Street Address 4679 Winterset Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 5	Y 0	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
		OH					

* 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)]

Page Total **\$5,775.00**