

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of McGivern						
Full Name of Contributor Kevin Futryk				Registration Number, if PAC		
Street Address 100 E. Gay St., Suite 701		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor Gary Schottenstein				Registration Number, if PAC		
Street Address 2 Easton Oval, Suite 510		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 0	D 4	Y 3	Amount \$250.00
Full Name of Contributor Kurt Gearhiser				Registration Number, if PAC		
Street Address 4484 Trailane Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Hilliard	State OH	Zip Code 43026	M 0	D 5	Y 0	Amount \$50.00
Full Name of Contributor James Houk				Registration Number, if PAC		
Street Address 600 Creekside Plaza		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 5	Y 0	Amount \$150.00
Full Name of Contributor James Joyce				Registration Number, if PAC		
Street Address 3770 Ridge Mill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 5	Y 0	Amount \$500.00
Full Name of Contributor Thomas Calhoon II				Registration Number, if PAC		
Street Address 3535 Fishinger Blvd, Suite 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 5	Y 1	Amount \$50.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City	State OH	Zip Code	M	D	Y	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)]

Page Total **\$1,050.00**