Statement of Contributions Received

Prescribed by Secretary of State 2/01

		al pl face of discount places which					
Name of Committee in Full Friends of McGivern							
		annahawan kanaka		In	.:	L. CDA	<u>^</u>
Full Name of Contributor Ann T. Gallagher				Registra	tion Num	ber, if PA	C
Street Address	Employe	er/Occup	ation/Labor Organization			uinerouseen kase	Form (Cash, Check, etc.)
8357 Breckenridge Way							Check
City	St	ate	Zip Code	M	D	Y	Amount
Columbus	0	Н	43235	1 0	3 0	0 9	50.00
Full Name of Contributor					tion Num	ber, if PA	С
Committee for Jim Hughes							
Street Address	Employe	er/Occupa	ation/Labor Organization			harmore commerce	Form (Cash, Check, etc.)
52 E. Gay Street							Check
City	St	ate	Zip Code	М	D	Y	Amount
Columbus	0	Н	43215	110	3 0	0 9	150.00
Full Name of Contributor				The state of the s	tion Num	<u> Automiorala monta a consi</u>	
Merry P. Korn							
Street Address	Employe	г/Оссира	ation/Labor Organization		***************************************		Form (Cash, Check, etc.)
448 W. Nationwide Blvd., Suite 402							Check
City	St	ate	Zip Code	M	D	Y	Amount
Columbus	0	Н	43215	1 .	3 0	i i	
Full Name of Contributor	1		10210		tion Num		
Central Ohio Realtors Political Action Committee				Local PAC			
Street Address			ation/Labor Organization				Form (Cash, Check, etc.)
2700 Airport Drive	Limpioy	o coup	anon Daoor organization				Check
City	St	ate	Zip Code	М	D	Y	Amount
Columbus	0	Н	43219	l .	3 0		1,000.00
Full Name of Contributor		11	40217	and a second	and the second second second second	CONTRACTOR OF THE STATE OF THE	
Full Name of Contributor Registration Number, if PAC Roetzel & Andress							
Street Address	Employe	r/Occurs	ation/Labor Organization	<u></u>	· · · · · · · · · · · · · · · · · · ·	200000000000000000000000000000000000000	Form (Cash, Check, etc.)
222 South Main Street	Limpioye	n occupe	anon buoor organization				Check
City	- 0+	ate	Zip Code	М	D	Y	Amount
Akron		H	44308	1	3 0	1 !	500.00
Full Name of Contributor		11	[44000		CONTRACTOR OF THE PARTY OF THE	Anna principal de la companya de la	
Full Name of Contributor Registration Number, if PAC Mary L. Gallagher							C
Street Address	Employe	r/Oomn	otion/Labor Organization		***************************************	-10-20-00-00-00-00-00-00-00-00-00-00-00-00	Francisco (Carlo Charle ata)
	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)
1372 Beechlake Drive _{City}	- C4	ate	Zin Codo	1 37	l b	l v	Cash
Columbus	0	H	Zip Code 43235	M	D	Y	Amount
Full Name of Contributor		11	43233		3 0		
Friends of Tom Patton				Registra	tion Num	ber, 11 PA	C
	Emalana		ation/Labor Organization	_l		***************************************	
Street Address	Employe	17Occupa	HIGH/Labor Organization				Form (Cash, Check, etc.)
17157 Rabbit Run Drive			7'. 0.1.	1 57	1 5	1 77	Check
City	1 _	ate TT	Zip Code	M	D	Y	Amount
Strongsville		H	44136		0 1		50.00
Full Name of Contributor Registration Number, if PAC NiSource Inc. PAC C00051979							С
NiSource Inc. PAC				1 CO	JU519'	/9	
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
200 Civic Center Drive			7				Check
City	_	ate	Zip Code	M	D	Y	Amount
Columbus		H	43215	11 2	0 1	0 9	100.00

* 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)

Page Total \$ _____1,950.00