

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of McGivern										
Full Name of Contributor Leslie Mayne						Registration Number, if PAC				
Street Address 3220 Scioto Run Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 3		Y 1	Amount \$75.00
Full Name of Contributor Phyllis Reynolds						Registration Number, if PAC				
Street Address 3870 Stonestrow Ct., W.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 3		Y 1	Amount \$25.00
Full Name of Contributor James Ashenhurst						Registration Number, if PAC				
Street Address 4609 Family Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 3		Y 0	Amount \$100.00
Full Name of Contributor Daniel O'Brien						Registration Number, if PAC				
Street Address 1173 McCleary Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43235		M 0		D 3		Y 1	Amount \$100.00
Full Name of Contributor Larry Earman						Registration Number, if PAC				
Street Address 4369 Shire Creek Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 3		Y 1	Amount \$200.00
Full Name of Contributor George Coles						Registration Number, if PAC				
Street Address 6226 Jeffrelyn Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 3		Y 2	Amount \$100.00
Full Name of Contributor Montrose Group LLC						Registration Number, if PAC				
Street Address 106 Montrose Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43214		M 0		D 3		Y 2	Amount \$100.00
Full Name of Contributor Robert Fletcher						Registration Number, if PAC				
Street Address 146 E. Frambes Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43201		M 0		D 4		Y 0	Amount \$40.00

* 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 **\$740.00**