

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of McGivern					
Full Name of Contributor Heather Wrightsel				Registration Number, if PAC	
Street Address 2245 Tremont Road	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check		
Full Name of Contributor P. Ronald Sabatino				Registration Number, if PAC	
Street Address 3895 Stoneridge Lane	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6
City Dublin	State O H	Zip Code 43017	Form(Cash, Check, etc) Check		
Full Name of Contributor Joel D. Rhoades				Registration Number, if PAC	
Street Address 5975 South Section Line Road	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check		
Full Name of Contributor Laurel Lipnos				Registration Number, if PAC	
Street Address 7019 Dean Farm Road	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6
City New Albany	State O H	Zip Code 43054	Form(Cash, Check, etc) Check		
Full Name of Contributor BIA Build PAC of Central Ohio				Registration Number, if PAC	
Street Address 495 Executive Campus Drive	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6
City Westerville	State O H	Zip Code 43082	Form(Cash, Check, etc) Check		
Full Name of Contributor The Isaac Wiles Political Action Committee				Registration Number, if PAC CP1058	
Street Address 2 Miranova Place, Suite 700	Employer/Occupation/Labor Organization*		M 1	D 1	Y 6
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		
Full Name of Contributor Smith & Hale LLC				Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization* Glen A. Dugger		M 1	D 1	Y 6
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		

* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,750.00