

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of McGivern										
Full Name of Contributor Steven Mazer						Registration Number, if PAC				
Street Address 3362 Harbor Bay Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 0		D 4		Y 0 2 1 3	
								Amount \$40.00		
Full Name of Contributor Citizens for Cheryl Grossman						Registration Number, if PAC				
Street Address 3955 Brown Park Dr., Suite A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 3		Y 1 1 1 3	
								Amount \$50.00		
Full Name of Contributor William Fitzgibbon						Registration Number, if PAC				
Street Address 2519 Welsford Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Upper Arlington		State OH	Zip Code 43221		M 0		D 3		Y 2 2 1 3	
								Amount \$500.00		
Full Name of Contributor Amanda Spires						Registration Number, if PAC				
Street Address 3408 St. Charles Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 4		Y 0 8 1 3	
								Amount \$40.00		
Full Name of Contributor Kirsten Bowen						Registration Number, if PAC				
Street Address 15350 Center Village Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Johnstown		State OH	Zip Code 43031		M 0		D 4		Y 1 1 1 3	
								Amount \$40.00		
Full Name of Contributor Paige Ryan						Registration Number, if PAC				
Street Address 3418 St. Charles Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Hilliard		State OH	Zip Code 43026		M 0		D 4		Y 1 1 1 3	
								Amount \$80.00		
Full Name of Contributor J. Donald Mottley						Registration Number, if PAC				
Street Address 137 Saint Julien St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Worthington		State OH	Zip Code 43085		M 0		D 4		Y 1 1 1 3	
								Amount \$80.00		
Full Name of Contributor Mary Beckett						Registration Number, if PAC				
Street Address 39 Grandview Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Dublin		State OH	Zip Code 43017		M 0		D 4		Y 1 0 1 3	
								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 **\$870.00**