

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |   |  |               |   |  |               |                           |
|---|--|--------------------|---|--|---------------|---|--|---------------|---------------------------|
| Name of Committee in Full<br><b>Friends of McGivern</b>                 |  |                    |   |  |               |   |  |               |                           |
| Full Name of Contributor<br><b>BIA Build PAC of Central Ohio</b>        |  |                    |   |  |               | Registration Number, if PAC                 |  |               |                           |
| Street Address<br><b>495 Executive Campus Drive</b>                     |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b> |               |                           |
| City<br><b>Westerville</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43082</b>                |  | M<br><b>0</b> | D<br><b>5</b>                               | Y<br><b>0</b>                            | Y<br><b>2</b> | Amount<br><b>\$250.00</b> |
| Full Name of Contributor<br><b>Kegler, Brown, Hill &amp; Ritter PAC</b> |  |                    |   |  |               | Registration Number, if PAC<br><b>CP648</b> |  |               |                           |
| Street Address<br><b>65 E. State Street, Suite 1800</b>                 |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)<br><b>Check</b> |               |                           |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43215</b>                |  | M<br><b>0</b> | D<br><b>5</b>                               | Y<br><b>0</b>                            | Y<br><b>8</b> | Amount<br><b>\$100.00</b> |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC                 |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State<br><b>OH</b> | Zip Code                                |  | M             | D   | Y  | Amount        |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC                 |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State<br><b>OH</b> | Zip Code                                |  | M             | D   | Y  | Amount        |                           |
| Full Name of Contributor  |  |                    |   |  |               | Registration Number, if PAC                 |  |               |                           |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State<br><b>OH</b> | Zip Code                                |  | M             | D   | Y  | Amount        |                           |
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| City  |  | State<br><b>OH</b> | Zip Code                                |  | M             | D   | Y  | Amount        |                           |
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| City  |  | State<br><b>OH</b> | Zip Code                                |  | M             | D   | Y  | Amount        |                           |
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| Street Address  |  |                    | Employer/Occupation/Labor Organization* |  |               |   | Form (Cash, Check, etc.)                 |               |                           |
| City  |  | State<br><b>OH</b> | 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 **\$350.00**