

R.C. 3517.10(B)

Event Date	4/2/2009
Page	10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02701							
Name of Committee in Full									
Friends of McGivern Full Name of Contributor			Registrati	ion Numl	oer, if PA	.C			
Holly S. Bartleson					,				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount			
5049 Ederton Pl.					0 9		100.00		
City	State	Zip Code	Form(Cas						
New Albany	OH	43054	and the second s	Check					
Full Name of Contributor	•		Registrati	ion Numl	per, if PA	kC			
Committee to Elect Lynn R. Wa	achtmann		М	D	Y	Amount			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			1	8	50.00		
550 Euclid Avenue	State	Zip Code	0 4 Form(Cas	sh Check	etc)		30.00		
^{City} Napoleon	OH	43545		Checl					
Full Name of Contributor		10010	Registrat	THE RESERVE OF THE PERSON NAMED IN		vC			
Citizens for Wagoner			١		,				
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount			
7445 Airport Highway			0 4	0 2	0 9		25.00		
City	State	Zip Code	Form(Ca	sh,Check	,etc)			\oplus	
Holland	OH	43528		Checl	ζ.			Ψ	
Full Name of Contributor			Registrat			\С			
Keycorp Advocates Fund					C00073155				
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount			
127 Public Square					0 9		200.00		
City	State	Zip Code	Form(Ca	,	. ,				
Cleveland	$O \mid H$	44114		Checl					
Full Name of Contributor			Registrat	ion Num	ber, if PF	AC .			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount			
City	State	State Zip Code		Form(Cash,Check,etc)					
City		Lip Godd		,	,,				
Full Name of Contributor			Registrat	tion Num	ber, if PA	AC.			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount			
		17: 0.1	F:(C:	-1. Ch1					
City	State	Zip Code	Form(Ca	isn,Cneci	c,etc)				
					Registration Number, if PAC				
Full Name of Contributor			Registrat	non rum	DCI, II 11				
Street Address	Employer/Occur	oation/Labor Organization*	M	D	Y	Amount			
Silver Address	2								
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)				
					orania pyporyana				
* Required for contributions from individuals over \$100 to	statewide and general assembly	candidates. If contributor is se	lf-employed,	occupatio	on rather	than employer			
should be listed. If two or more employees contribute via p	ayroll deduction and exceed the	aggregate of \$100, the labor	organization o	f which t	he emplo	yees are	,		
members, if any, must appear. [R.C. 3517.10(B)(4)]	-						-	\bigoplus	
		1					•	•	
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 3	RL-A. Huder Full Name of Contr	ibutor state "Contributions fro	m form No. 3	1-E" and	list the d	late of the ever	nt		
in the date column.	71 11. Onder 1 an Ivanie of Cond	.ce.s. sale commons no	201111 210. 0						
m tio date commi.									
Total contributions this event	Total expenditures th	nis event							
					Pa	ige Total \$	375.00		
1 680 00		į			1				