

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of McGivern</b>					
Full Name of Contributor <b>Holly S. Bartleson</b>				Registration Number, if PAC	
Street Address <b>5049 Ederton Pl.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Committee to Elect Lynn R. Wachtmann</b>				Registration Number, if PAC	
Street Address <b>550 Euclid Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Napoleon</b>	State <b>O   H</b>	Zip Code <b>43545</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Citizens for Wagoner</b>				Registration Number, if PAC	
Street Address <b>7445 Airport Highway</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Holland</b>	State <b>O   H</b>	Zip Code <b>43528</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Keycorp Advocates Fund</b>				Registration Number, if PAC <b>C00073155</b>	
Street Address <b>127 Public Square</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>	Y <b>0</b>
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44114</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

\* 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  
**1,680.00**

Total expenditures this event

Page Total \$ **375.00**