Page	_3

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full				15000000000000000000000000000000000000			
Friends of McGivern							
Name of Contributor			Registration Number, if PAC				
David E. Burke			Registia	tion Ivain	oci, ii i A	C	
Street Address	Employer/Occups	ntion/Labor Organization				Form (Cosh, Chaol	r oto)
	Employer/Occupa	Form (Cash, Check, etc.)					
860 Wedgewood Drive	Cara	7:- 0-1-	1 36	I n	1 37	Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Marysville Full Name of Contributor	$O \mid H$	43040	1 0		0 9 ber, if PA		50.00
8			Kegistra	tion Num	ber, II PA	C	
David B. Amerine	TE : 10	. 7.1.					
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Chec.	k, etc.)
4965 Britton Farms Court				1		Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Hilliard	$O \mid H$	43026	10	The second second	discourance of the same of		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Lisa P. Hackley					anamagaa manga mangada pada panaga)		
Street Address	Employer/Occupa				Form (Cash, Check, etc.)		
5356 Ambrosia Avenue						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43235	1 0	1 3	0 9		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Yvonne Lesicko							:
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Chec	k, etc.)
1168 Rockport Court						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43235	1 0	1 3	0 9		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	***************************************
Street Address	Employer/Occupa				Form (Cash, Chec	k, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Street Address	Employer/Occupa				Form (Cash, Chec	k, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	lC	
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Chec	k, etc.)
	in post of companion of gameaton						. ,
City	State	Zip Code	М	D	Y	Amount	
				1			
Full Name of Contributor Registration Number, if PA							
A di Tumo O Commondi							
Street Address	Employer/Occupation/Labor Organization				diamentendonicale	Form (Cash, Chec	k etc.)
24 00t 1 xddi 000	Zinpie yen Occupe				J (Cash, Chec	, 0.0.)	
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	141			MIOHH	

* Required for contributions 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)

Page Total \$ 200.00