

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Friends of McGivern					
Full Name of Contributor Michelle E. Stoughton				Registration Number, if PAC	
Street Address 7564 Alpath Road		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 100.00
City New Albany		State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Douglas J. Preisse				Registration Number, if PAC	
Street Address 41 S. High Street, Suite 3710		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 40.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen T. Tompos				Registration Number, if PAC	
Street Address 161 E. Quincy Street		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 50.00
City Elmhurst		State I L	Zip Code 60126	Form(Cash,Check,etc) Check	
Full Name of Contributor Brenda M. Wolfe				Registration Number, if PAC	
Street Address 3199 Kaylyn Lane		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 60.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Tracy L. Bradford				Registration Number, if PAC	
Street Address 3076 Scioto Trace		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 100.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew T. Krick				Registration Number, if PAC	
Street Address 41 S. High Street, Suite 3710		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 40.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

* 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

2,925.00

Total expenditures this event

Page Total \$ **390.00**