Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Orie Givens III						
Full Name of Contributor			Registration Number, if PAC			
Orie Givens III						
Street Address	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc.)		
3019 Rotunda Ct.				cash		
City Columbus	State OH	Zip Code 43232	0 3 D 7 1 5	Amoum 5 \$49.48		
Full Name of Contributor			Registration Number, if	PAC		
Orie Givens III						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cush, Check, etc.)		
3019 Rotunda Ct.						
Columbus	State	Zip Code 43232	M D Y	Amount \$40.46		
Columbus	OH	43232	031415			
Full Name of Contributor Orie Givens III			Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
3019 Rotunda Ct.			cash			
City	State	Zip Code 43232	M D Y	Amount 5 \$300.00		
Columbus	OH	43232	0 3 1 8 1			
Full Name of Contributor			Registration Number, if	PAC		
Orie Givens III						
Street Address	Employer/Occur	pation/Labor Organization		Form (Cash, Check, etc.)		
3019 Rotunda Ct.		Tay on the		cash		
City Columbus	Stațic OH	Zip Code 43232	M D Y 0 3 3 1 1 5			
Full Name of Contributor) UT	43232		40 1.00		
Orie Givens III			Registration Number, if	PAC		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
3019 Rotunda Ct.				cash		
City	State	Zip Code	MODIN	Amount		
Columbus	OH	43232	0 3 3 1 1 5	. 1		
Full Name of Contributor Orie Givens III			Registration Number, if	PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
3019 Rotunda Ct.				cash		
City	State	Zip Code	M D Y O 4 1 8 1 5	Amount		
Columbus	OH	43232	0 4 1 8 1 5	\$300.00		
Full Name of Contributor	ne of Contributor			Registration Number, if PAC		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization"		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D Y	Amount -		
Full Name of Contributor			Registration Number, if	PAC		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization				
City	Strate	Zip Code	IM D W	Amount		
Chy	OH	Zip Code		Aurani		
	1 0.:	ł	1 1 1 1	Į.		

Page Total \$765.59

^{*} 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)]