

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 Committee for Jim Hughes				Registration Number, if PAC	
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 500.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph D. Erb				Registration Number, if PAC	
Street Address 3453 Darby Glen Boulevard		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 200.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Citizens for Kunze				Registration Number, if PAC	
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 300.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas A. Dobrozsi				Registration Number, if PAC	
Street Address 400 Thorn Hill Lane		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 100.00
City Middletown	State O H	Zip Code 45042		Form(Cash,Check,etc) Check	
Full Name of Contributor Stevens Consulting Group LLC				Registration Number, if PAC	
Street Address 1621 Berkshire Road		Employer/Occupation/Labor Organization* Joe Stevens		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 Ann T.Gallagher				Registration Number, if PAC	
Street Address 8357 Breckenridge Way		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 100.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Adam C. Hewit				Registration Number, if PAC	
Street Address 2618 Jefferson Estates Court		Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 1 7	Amount 100.00
City Blacklick	State O H	Zip Code 43004		Form(Cash,Check,etc) Check	

* 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

Total expenditures this event

Page Total \$ 1,400.00