

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 Wiles, Boyle, Burkholder, Bringardner Co., LPA PAC			Registration Number, if PAC CP-1058			
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount 100.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Seitz for State Senate			Registration Number, if PAC			
Street Address 4401 Abby Court	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount 100.00
City Cincinnati	State O	Zip Code 45248	Form(Cash,Check,etc) Check			
Full Name of Contributor Steven R. Wermuth			Registration Number, if PAC			
Street Address 107 Mulberry Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount 100.00
City Pickerington	State O	Zip Code 43147	Form(Cash,Check,etc) Check			
Full Name of Contributor Angela E. VanFossen			Registration Number, if PAC			
Street Address 3863 Schooner Court	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount 100.00
City Columbus	State O	Zip Code 43221	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 0	D 4	Y 0	Amount 100.00
City Middletown	State O	Zip Code 45042	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert E. Fletcher			Registration Number, if PAC			
Street Address 146 E. Frambes Avenue	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount 100.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Kristen L. Brinkman			Registration Number, if PAC			
Street Address 7782 Wicklow Court	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount 30.00
City Dublin	State O	Zip Code 43017	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 \$ 630.00