

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of McGivern							
Full Name of Contributor Douglas Sensenbrenner					Registration Number, if PAC		
Street Address 4160 Dublin Road		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 9	Y 0 9	Amount 100.00	
Full Name of Contributor Schottenstein Real Estate Group					Registration Number, if PAC		
Street Address 2 Easton Oval, Suite 510		Employer/Occupation/Labor Organization Brett Kaufman				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 1 0	D 0 9	Y 0 9	Amount 250.00	
Full Name of Contributor Schottenstein Real Estate Group					Registration Number, if PAC		
Street Address 2 Easton Oval, Suite 510		Employer/Occupation/Labor Organization Betsy Hart				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 1 0	D 0 9	Y 0 9	Amount 250.00	
Full Name of Contributor Medical Mutual of Ohio PAC					Registration Number, if PAC CP130		
Street Address 2060 East Nineth Street		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Cleveland	State O H	Zip Code 44115	M 1 0	D 0 9	Y 0 9	Amount 100.00	
Full Name of Contributor Bonnie K. Milenthal					Registration Number, if PAC		
Street Address 340 South Parkview		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 3	Y 0 9	Amount 250.00	
Full Name of Contributor Lora L. Miller					Registration Number, if PAC		
Street Address 3359 Parkside Road		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 1 0	D 1 3	Y 0 9	Amount 50.00	
Full Name of Contributor William M. Fitzgibbon					Registration Number, if PAC		
Street Address 2519 Welsford Road		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43221	M 1 0	D 1 3	Y 0 9	Amount 50.00	
Full Name of Contributor Denise M. Larr					Registration Number, if PAC		
Street Address 455 Slate Run Drive		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Powell	State O H	Zip Code 43065	M 1 0	D 1 3	Y 0 9	Amount 50.00	

* 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 \$ 1,100.00