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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends of McGivern									
Full Name of Contributor			Registra	tion Num	ner if PA	C	~**************************************		
Douglas Sensenbrenner			ikogistra	tion ream	, n i n				
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Che	ok etc)		
4160 Dublin Road	Linploy cir occupa	Employer Occupations Labor Organization				1 1			
City	State	Zip Code	M	D	Y	Check Amount			
Hilliard	OH	43026	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	0 9	0 9	Amoun	100.00		
Full Name of Contributor		43020		TOTA tion Numl		<u> </u>	100.00		
Schottenstein Real Estate Group			Registra	HIOH INGHH	oci, ii FA	·C			
Street Address	Employer/Occups	ation/Labor Organization				Form (Cash, Che	ack etc.)		
	Brett Kar				Check				
2 Easton Oval, Suite 510	State	MDY			Amount				
Columbus	OH	Zip Code 43219	1 .		1	Amount	250.00		
Full Name of Contributor		43219	10	distribution of the second	The second secon		250.00		
			Registra	tion Num	ber, II PA	.C			
Schottenstein Real Estate Group	Ir. 1(0	ation/Labor Organization		list i de la light de la					
Street Address	B .				Form (Cash, Check, etc.)				
2 Easton Oval, Suite 510		Betsy Hart				Check			
City	State	Zip Code	M	D	Y	Amount	250.00		
Columbus	0 H	43219		0 9			250.00		
Full Name of Contributor				tion Num	ber, if PA	.C			
Medical Mutual of Ohio PAC		<u> </u>	CP130						
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)		
2060 East Nineth Street				,		Check			
City	State	Zip Code	M	D	Y	Amount			
Cleveland	O H	44115	emperioritario constitui de la	0 9	CONTRACTOR CONTRACTOR		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Bonnie K. Milenthal	15 1 25								
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)		
340 South Parkview	ļ	12: 0.1			7.	Check			
City	State	Zip Code	M	D	Y	Amount	050.00		
Columbus	O H	43209		1 3			250.00		
Full Name of Contributor Registration Number, if PAC									
Lora L. Miller	75				***************************************				
Street Address	Employer/Occupa				Form (Cash, Check, etc.)				
3359 Parkside Road		12. 2		,		Check			
City	State	Zip Code	M	D	Y	Amount	=0.00		
Columbus	O H	43204		1 3			50.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
William M. Fitzgibbon	la i					_			
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)		
2519 Welsford Road					,	Check			
City	State	Zip Code	M	D	Y	Amount			
Upper Arlington	O H	43221		1 3			50.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Denise M. Larr									
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)		
455 Slate Run Drive	<u> </u>					Check	···		
City	State	Zip Code	M	D	Y	Amount			
Powell	$O \mid H$	43065	1 0	1 3	0 9		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)