



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of McGivern				
Full Name of Contributor Holly S. Bartleson			Registration Number, if PAC	
Street Address 5049 Ederton Place	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 07/17/2017	Amount \$100.00
Full Name of Contributor Michelle R. Holdgreve			Registration Number, if PAC	
Street Address 235 Medick Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 07/17/2017	Amount \$50.00
Full Name of Contributor Jon Edward Smalley			Registration Number, if PAC	
Street Address 1009 Cherry Valle Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Williamston	State MI	Zip Code 48895	Date (MM/DD/YYYY) 09/26/2017	Amount \$250.00
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 09/26/2017	Amount \$500.00
Full Name of Contributor Contributions from form No. 31E			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/30/2017	Amount \$2,900.00

*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)]