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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of McGivern				•
Full Name of Contributor People for Cope			Registration Number, if	PAC
Street Address 100 South Third Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
<sup>City</sup> Columbus	State OH	Zip Code 43215	0 3 1 9 1 3	Amount \$50.00
Full Name of Contributor Albert Iosue	· · · · · · · · · · · · · · · · · · ·		Registration Number, if	PAC
Street Address 5793 Walterway Dr.	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.) Check
<sup>City</sup> Hilliard	State OH	Zip Code 43026	0 4 0 3 1 3	Amount \$100.00
Full Name of Contributor  Mark Morscher	Registration Number, if	gistration Number, if PAC		
Street Address 3309 Northampton Ln.	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.) Check
<sup>City</sup> Hilliard	State OH	Zip Code 43026	0 4 0 7 1 3	Amount 3 \$40.00
Full Name of Contributor Olivia Bertini	Registration Number, if	PAC Garana		
Street Address 5461 Grand Dr.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43016	0 4 0 3 1 3	Amount \$200.00
Full Name of Contributor Chauncey Cochran	<u> </u>	· · ·	Registration Number, if	PAC
Street Address 41 S. High St., Suite 2240	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 3 2 5 1 3	Amount \$50.00
Full Name of Contributor  Larry Wolpert	•		Registration Number, if	PAC
Street Address 2592 Canterbury Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 3 1 9 1 3	Amount \$50.00
Full Name of Contributor  Denise Larr			Registration Number, if	PAC
Street Address 455 Slate Run Dr.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	0 3 0 8 1 3	Amount \$50.00
Full Name of Contributor Kelly O'Reilly Anzelmo		,	Registration Number, if I	PAC
Street Address 446 Howland Dr.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	0 3 0 3 1 3	Amount \$50.00

Page Total \$590.00

<sup>\*</sup> 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)]