

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of McGivern						
Full Name of Contributor Sara Giuliani				Registration Number, if PAC		
Street Address 2055 Havenswood Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 0	D 4	Y 0	Amount \$50.00
Full Name of Contributor Mary Gallagher				Registration Number, if PAC		
Street Address 1372 Beech Lake Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor Libby Gierach				Registration Number, if PAC		
Street Address 3585 Skipstone Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 3	Y 1	Amount \$75.00
Full Name of Contributor Miranda Motter				Registration Number, if PAC		
Street Address 209 W. Southington Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M 0	D 4	Y 1	Amount \$100.00
Full Name of Contributor Kimberly Schubeck				Registration Number, if PAC		
Street Address 3312 Northampton Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 2	Amount \$50.00
Full Name of Contributor Committee for Jim Hughes				Registration Number, if PAC		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 4	Y 2	Amount \$250.00
Full Name of Contributor Committee to Elect Donald Schonhardt				Registration Number, if PAC		
Street Address 5307 Franklin St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 3	Amount \$500.00
Full Name of Contributor Shirin Amini D.D.S.				Registration Number, if PAC		
Street Address 4425 North High Street, Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 4	Y 1	Amount \$60.00

* 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)]

Page Total **\$1,135.00**