

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|---|--------------------|---|---------------|-----------------------------|--|---------------------------|
| Name of Committee in Full Friends of McGivern | | | | | | |
| Full Name of Contributor Oreta Howard | | | | Registration Number, if PAC | | |
| Street Address 3280 Westbury Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 4 | Y 1 0 1 3 | Amount \$100.00 |
| Full Name of Contributor H. Douglas Talbott | | | | Registration Number, if PAC | | |
| Street Address 8020 Flint Run Place | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43235 | M 0 | D 4 | Y 0 5 1 3 | Amount \$100.00 |
| Full Name of Contributor Michael Koren | | | | Registration Number, if PAC | | |
| Street Address 10002 Erin Woods Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dublin | State OH | Zip Code 43017 | M 0 | D 4 | Y 1 5 1 3 | Amount \$100.00 |
| Full Name of Contributor Angela Van Fossen | | | | Registration Number, if PAC | | |
| Street Address 5320 Triple Crown Ct. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 4 | Y 1 1 1 3 | Amount \$100.00 |
| Full Name of Contributor Kathleen Orians | | | | Registration Number, if PAC | | |
| Street Address 3946 Kul Circle South | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 3 1 3 | Amount \$40.00 |
| Full Name of Contributor Mary Schell Winters | | | | Registration Number, if PAC | | |
| Street Address 1204 Millcreek Lane | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 4 | Y 1 1 1 3 | Amount \$40.00 |
| Full Name of Contributor Ann Gallagher | | | | Registration Number, if PAC | | |
| Street Address 8357 Breckenridge Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43235 | M 0 | D 4 | Y 0 9 1 3 | Amount \$150.00 |
| Full Name of Contributor Dean Fadel, Jr. | | | | Registration Number, if PAC | | |
| Street Address 1768 Chateaugay Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Blacklick | State OH | Zip Code 43004 | M 0 | D 4 | Y 1 5 1 3 | Amount \$100.00 |

* 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 **\$730.00**