

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of McGivern							
Full Name of Contributor Friends of Shannon Jones						Registration Number, if PAC	
Street Address 201 Blue Gate Circle			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Kettering	State O	H H	Zip Code 45429	M 0	D 5	Y 2	Amount 250.00
Full Name of Contributor Daniel J. Nichter						Registration Number, if PAC	
Street Address 2985 Snowberry Lane			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Hilliard	State O	H H	Zip Code 43026	M 0	D 5	Y 2	Amount 100.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
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City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
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City	State	H	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	H	Zip Code	M	D	Y	Amount

* 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)

Page Total \$ 350.00