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## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full		Name and Part of the Part of t							
Friends of McGivern									
If Name of Contributor				Registration Number, if PAC					
				3.2					
Friends of Shannon Jones	Employer	/Occur	ation/Labor Organization	L			Form (Cash, Che	eck, etc.)	
Street Address	Employer	Employer/Occupation/Labor Organization						Check	
201 Blue Gate Circle			7:- 0-1-	1 37	I D	Y	Amount		
City	Sta		Zip Code	M	D	f 1	PARIOUSE	250.00	
Kettering		Н	45429	0 5				250.00	
Full Name of Contributor Daniel J. Nichter				Registra	tion Num	ber, if PA	C		
Street Address	Employer	Employer/Occupation/Labor Organization					Form (Cash, Ch	eck, etc.)	
2985 Snowberry Lane					1 6	ΙΥ	Check Amount		
City	Sta		Zip Code	M	D	1	Amount	100.00	
Hilliard	0	H	43026	0 5				100.00	
Full Name of Contributor				Registra	ition Num	ber, if PA	.C		
Street Address	Employe	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	Sta	ate	Zip Code	М	D	ΙΥ	Amount		
City									
				Registra	ation Num	ber, if PA	.C		
Full Name of Contributor						,			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
City	Sta	ate	Zip Code	M	D	Y	Amount		
Full Name of Contributor		*************		Registra	ation Nun	ber, if PA	AC		
Street Address	Employe				Form (Cash, Cl	ieck, etc.)			
		ate	Zip Code	T M	D	Y	Amount		
City			Zap code						
Full Name of Contributor				Registr	ation Nun	nber, if PA	AC		
Street Address	Employe				Form (Cash, Cl	neck, etc.)			
			To: O I		1 5	T 37	Amount		
City	St	ate	Zip Code	М	D	Y	Amount		
					بإبا				
Full Name of Contributor				Registr	ation Nur	nber, if Pa	AC		
Street Address	Employe	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	St	ate	Zip Code	M	D	Y	Amount		
Full Name of Contributor	and the second second			Registr	ation Nur	nber, if P	AC		
Street Address	Employe	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
City	Si	State Zip Code M D Y Amount			Amount				
The state of the s	1 11 1:1-4	T.C	til to it alfamaland and	upotion roth	or then er	nnlover el	apuld be listed		

\* 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