

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Friends of McGivern</b>					
Full Name of Contributor <b>Col Owens</b>				Registration Number, if PAC	
Street Address <b>626 Sanford Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Covington</b>	State <b>K</b>	Zip Code <b>41011</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Michael R. Toman</b>				Registration Number, if PAC	
Street Address <b>5786 Carrington Ct.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Claire Paul</b>				Registration Number, if PAC	
Street Address <b>3276 Northampton Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Anne K. Seaton-Helge</b>				Registration Number, if PAC	
Street Address <b>3275 Northampton Lane</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Joseph W. McCool</b>				Registration Number, if PAC	
Street Address <b>3300 Northampton Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Lawrence Bertolini</b>				Registration Number, if PAC	
Street Address <b>4488 Loos Circle West</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**1,400.00**

Total expenditures this event

Page Total \$ **225.00**