Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_7/30/13	
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Name of Committee in Full		· <u>.</u>		
McKinley for Judge				
Full Name of Contributor			Registration Number, if PAC	
Plumbers & Pipefitters L.U. 189 PCE			_	
Street Address	Employer/Occupation/Labor Organization*		M D Y _f Amount	
1250 Kinnear Road	Chiphoyer/Occupation/Labor Organization		0 7 3 0 1 3 \$300.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43212	Check	
Full Name of Contributor		·	Registration Number, if PAC	
Columbus Sheet Metal Workers	Vorkers		OH1053	
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
3035 Lamb Avenue	Employ the Acceptance Debot Organization		0 7 3 0 1 3 \$200.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	он	43219	Check	
Full Name of Contributor		'	Registration Number, if PAC	
John C. Cahill				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
5593 Meadowood Lane		tionwide Ins.	0 7 3 0 1 3 \$125.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Westerville	он	43082	Check	
Full Name of Contributor	· ' · ·	<u></u>	Registration Number, if PAC	
David A. Goldstein				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
150 S. Roosevelt Avenue	Atty, David Goldstein LPA		0 7 3 0 1 3 5100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Bexley	он	43209	Check	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Registration Number, if PAC	
John P. Johnson				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
501 S. High Street	Atty, Johnson Law Office		0 7 3 0 1 3 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	Check	
Full Name of Contributor		<u> </u>	Registration Number, if PAC	
Jennifer L. Brunner				
Street Address	Employer/Occupation/Labor Organization* Attorney, Brunner Quinn		M D Y Amount	
35 North Fourth Street, Suite 200			0 7 3 0 1 3 \$50.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Ćolumbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Bryan J. Jeffries				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
3572 Fishinger Mill Drive Atty, Carlile Patchen			0 7 3 0 1 3 \$50.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Hilliard	OH	43026	Check	

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
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\$1,060.00

Total expenditures this event.

\$0.00

\$925.00 Page Total S

^{*} 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)]