Statement of Contributions Received

Page 3____

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge				
Full Name of Contributor		<u> </u>	Registration Number, if P.	AC
John J. Okuley		465.C TI	<u></u>	
Street Address 3645 Olentangy Blvd.	Employer/Occupation/Labor Organization Attorney, Mueller Smith & Oku		ıley LLC	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M D Y O 9 1 3	Amount \$100.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC			Registration Number, if PAC LA 1269	
	,			Form (Cash, Check, etc.)
Street Address 6805 Oak Creek Drive	Employer/Occupation/Labor Organization			Check
City Columbus	OH State	Zip Code 43229	D 7 1 8 1 3	\$2,500.00
Full Name of Contributor Martin Connell Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
6119 Ashtree Place	Global Telecommunications Manage		er, Momentive	Credit Card
City Columbus	State OH	Zip Code 43229	$0^{\text{M}} 8 0^{\text{D}} 6 1^{\text{Y}} 3$	Amount \$500.00
Full Name of Contributor Ruth A. Farthing	· · · · · · · · · · · · · · · · · · ·			AC
Street Address	Employer/Occupati	on/Labor Organization	<u> </u>	Form (Cash, Check, etc.)
602 E. Weisheimer Road	Nurse, Columbus City Schools			Check
City Columbus	State OH	Zip Code 43214	M D Y Y 3	Amount \$25.00
Full Name of Contributor Charles A. Roginski				
Street Address	Employer/Occupati	on/Labor Organization		Form (Cash, Check, etc.)
6124 Crystal Valley Drive	Regional Director, OAPSE			Check
City Galena	OH	Zip Code 43021	0 8 1 5 1 3	\$100.00
Name of Contributor Villiam A. Taylor			AC	
Street Address	Employer/Occupati	ion/Labor Organization*	·	Form (Cash, Check, etc.)
P.O. Box 738		Taylor & Associates LLC		Check
City Hilliard	State OH	Zip Code 43026	M D Y 3	Amount \$100.00
Full Name of Contributor	· · ·	 	Registration Number, if F	PAC
William A. Grabiel				
Street Address	Employer/Occupat Not employ	ion/Labor Organization* ed Retired		Form (Cash, Check, etc.) Check
6726 Ardwell Drive	State	Zip Code	M D Y	Amount
City Canal Winchester	OH	43110	D 8 1 5 1 3	\$50.00
Full Name of Contributor Mark D. Hatch				
Street Address		ion/Labor Organization		Form (Cash, Check, etc.)
4189 Rowanne Road	!	Hatch Strategies LLC	1-0-1-0-	Check
City Columbus	State OH	Zip Code 43214	0 8 1 5 1 3	Amount \$50.00

Page Total \$3,425.00

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)]