## **Statement of Contributions Received**

	7
Page	•
take	

Prescribed by Secretary of State 03/05

				<del></del>
Name of Committee in Full McKinley for Judge				
Full Name of Contributor Michael Hunter			Registration Number, if I	PAC
Street Address 2142 Wesleyan Drive	Employer/Occupation/Labor Organization* Atty, Hunter/Carnahan, Shou			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	M D Y	Amount \$100.00
Full Name of Contributor Robert Kerpsack			Registration Number, if I	AC
Street Address 655 Metro Place South, Suite 255	Employer/Occupation/Labor Organization Atty, Law Office of Kerpsack			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43017	M   D   Y <sub>1</sub>	Amount \$50.00
Full Name of Contributor COLUMBUS/CENTRAL OHIO BUILDING & CONST	Registration Number, if PAC PCE 6131			
Street Address 555 E. Rich Street, Rm 217	Employer/Occupation/Labor Organization		Form (Cash, Check, et Check	
City Columbus	State OH	Zip Code 43215	M D V 3	\$150.00
Full Name of Contributor Charles C. Postlewaite			Registration Number, if	PAC
Street Address 3040 Riverside Drive, Suite 122	Employer/Occupation/Labor Organization Atty, Law Office of Postlewaite			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	M D Y	Amount \$500.00
Full Name of Contributor Registration Number, if PA Karla Rothan				
Street Address 110 West First Avenue	Employer/Occupation/Labor Organization* Exec Director, Stonewall Columbus		3	Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43201	0 8 2 8 1 3	Amount \$50.00
Full Name of Contributor  Jane Leach	Registration Number, if PAC			
Street Address 1236 Kenbrook Hills Drive	Employer/Occupation/Labor Organization  Not employed, retired		<del></del>	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	M D Y	Amount \$250.00
Full Name of Contributor  Aaron Firstenberger			Registration Number, if PAC	
Street Address 3961 Spyglass Drive		upation/Labor Organization* Strip, Hoppers, Leithart Mcgr	rath & Terlecky	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M D Y	Amount \$100.00
Full Name of Contributor Registration Number, if it				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount

Page Total \$1,200.00

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)]