

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>COMMITTEE FOR MIKE MCKAY</b>									
Full Name of Contributor <b>LEO CONNOLLY</b>						Registration Number, if PAC			
Street Address <b>434 NORTON RD.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43228</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>JOHN SQUIRE GALBREATH, II</b>						Registration Number, if PAC			
Street Address <b>925 DARBY CREEK DR.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>GALLOWAY</b>		State <b>OH</b>	Zip Code <b>43119</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Y <b>0</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>JOY PADGETT</b>						Registration Number, if PAC			
Street Address <b>871 WALNUT ST.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COSHOCTON</b>		State <b>OH</b>	Zip Code <b>43812</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>6</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>EDWARD PIFHER</b>						Registration Number, if PAC			
Street Address <b>5708 SR 103 E</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>NEW WASHINGTON</b>		State <b>OH</b>	Zip Code <b>44854</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	

\* 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)]

Page Total **\$1,250.00**