31-A	
R.C. 3517.10	

Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE FOR MIKE MCKAY				· - ·			
Full Name of Contributor FRIENDS OF SEAN BRENNAN							
Street Address 6306 HEMPSTEAD AVE.	Employer/Occu	Employer/Occupation/Labor Organization*					
City PARMA	State OH	Zip Code 44129	0 8 1 4 1 5	Amount \$100.00			
Full Name of Contributor Registration Number, if PAC WANDA DOLAN							
Street Address 8832 WHEATON PL.	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) CHECK			
City N. RIDGEVILLE	State OH	Zip Code 44039	0 8 1 7 1 5	Amount \$100.00			
Full Name of Contributor BRENDA CASE Registration Number, if PAC							
Street Address 1023 ROSSEAU LN.	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK			
City GALLOWAY	State OH	Zip Code 43119	0 8 2 1 1 5	Amount \$50.00			
Full Name of Contributor Registration Number, if PAC ROBERT A. TAFT							
Street Address 2933 LOWER BELLBROOK RD.	Employer/Occu	upation/Labor Organization*	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.) CHECK			
City SPRING VALLEY	State OH	Zip Code 45370	0 8 2 3 1 5	Amount \$100.00			
Full Name of Contributor KATHLEEN MAGGIED Registration Number, if PAC							
Street Address 8982 ROBERTS RD.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK			
City GALLOWAY	State OH	Zip Code 43119	0 8 2 7 1 5	Amount \$35.00			
Full Name of Contributor Registration Number, if PAC BRIAN HICKS							
Street Address 21 E. STATE ST. #2200	Employer/Occo	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK			
City COLUMBUS	State OH	Zip Code 43215	0 8 2 8 1 5	Amount \$250.00			
Full Name of Contributor JAMES DOLAN Registration Number, if PAC							
Street Address 43 A HIGH ST.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City NEWBURYPORT	State MA	Zip Code 01950	0 9 0 6 1 5	Amount \$100.00			
Full Name of Contributor LINDA PITTS Registration Number, if PAC							
Street Address 508 CLAIRBROOK AVE.	Employer/Occo	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK			
COLUMBUS	State OH	Zip Code 43228	M D Y 1 6 1 5	Amount \$60.00			

Page Total \$795.00

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)]