

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE FOR MIKE MCKAY									
Full Name of Contributor DONALD J. PLANK						Registration Number, if PAC			
Street Address 145 E. RICH ST., 3RD FLOOR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43215	M 0	D 9	Y 1	Amount 100.00		
Full Name of Contributor KEITH CONROY						Registration Number, if PAC			
Street Address 10181 WATKINS RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City MARYSVILLE	State O	H H	Zip Code 43040	M 0	D 9	Y 1	Amount 50.00		
Full Name of Contributor BRIAN K. HICKS						Registration Number, if PAC			
Street Address 21 E. STATE ST., STE 2200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43215	M 0	D 9	Y 1	Amount 250.00		
Full Name of Contributor WANDA C. DOLAN						Registration Number, if PAC			
Street Address 8832 WHEATON PL.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City NORTH RIDGEVILLE	State O	H H	Zip Code 44039	M 0	D 9	Y 1	Amount 200.00		
Full Name of Contributor PATRICK R. VALENTE						Registration Number, if PAC			
Street Address 9010 BARASSIE PL.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 9	Y 2	Amount 100.00		
Full Name of Contributor JAMES P. DOLAN						Registration Number, if PAC			
Street Address 43A HIGH ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City NEWBURYPORT	State M	A A	Zip Code 01950	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor JEFFREY L. BROWN						Registration Number, if PAC			
Street Address 37 W. BROAD ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O	H H	Zip Code 43215	M 1	D 0	Y 0	Amount 100.00		
Full Name of Contributor JOHN SQUIRE GALBREATH, II						Registration Number, if PAC			
Street Address 925 DARBY CREEK DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GALLOWAY	State O	H H	Zip Code 43119	M 0	D 8	Y 2	Amount 1,000.00		

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,900.00