

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge				
Full Name of Contributor Plumbers & Pipefitters L.U. 189 PCE			Registration Number, if PAC	
Street Address 1250 Kinnear Road	Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 1 3	Amount \$300.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Sheet Metal Workers			Registration Number, if PAC OH1053	
Street Address 3035 Lamb Avenue	Employer/Occupation/Labor Organization*		M D Y 0 7 3 0 1 3	Amount \$200.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor John C. Cahill			Registration Number, if PAC	
Street Address 5593 Meadowood Lane	Employer/Occupation/Labor Organization* Atty, Nationwide Ins.		M D Y 0 7 3 0 1 3	Amount \$125.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor David A. Goldstein			Registration Number, if PAC	
Street Address 150 S. Roosevelt Avenue	Employer/Occupation/Labor Organization* Atty, David Goldstein LPA		M D Y 0 7 3 0 1 3	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor John P. Johnson			Registration Number, if PAC	
Street Address 501 S. High Street	Employer/Occupation/Labor Organization* Atty, Johnson Law Office		M D Y 0 7 3 0 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer L. Brunner			Registration Number, if PAC	
Street Address 35 North Fourth Street, Suite 200	Employer/Occupation/Labor Organization* Attorney, Brunner Quinn		M D Y 0 7 3 0 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bryan J. Jeffries			Registration Number, if PAC	
Street Address 3572 Fishinger Mill Drive	Employer/Occupation/Labor Organization* Atty, Carlile Patchen		M D Y 0 7 3 0 1 3	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$1,060.00

Total expenditures this event.

\$0.00

Page Total \$ 925.00