

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE FOR MIKE MCKAY				
Full Name of Contributor JOSEPH DOLAN			Registration Number, if PAC	
Street Address 405 WALNUT ST.	Employer/Occupation/Labor Organization*		Form (Cash, C CASH	
City WAUSEON	State OH	Zip Code 43567	10/19/17	Amount 100.00
Full Name of Contributor ROBERT A. TAFT			Registration Number, if PAC	
Street Address 2933 LOWER BELLBROOK RD.	Employer/Occupation/Labor Organization*		Form (Cash, C CHECK	
City SPRING VALLEY	State OH	Zip Code 45370	10/24/17	Amount 100.00
Full Name of Contributor MIKE MCKAY			Registration Number, if PAC	
Street Address 6336 CLOVER MEADOW CT.	Employer/Occupation/Labor Organization*		Form (Cash, C CHECK	
City GALLOWAY	State OH	Zip Code 43119	10/30/2017	Amount 322.86
Full Name of Contributor CHRISTIAN ZEIGLER			Registration Number, if PAC	
Street Address 1251 BELCROSS DR.	Employer/Occupation/Labor Organization*		Form (Cash, C CHECK	
City NEW ALBANY	State OH	Zip Code 43054	10/30/17	Amount 100.00
Full Name of Contributor MIKE MCKAY			Registration Number, if PAC	
Street Address 6336 CLOVER MEADOW CT.	Employer/Occupation/Labor Organization*		Form (Cash, C CHECK	
City GALLOWAY	State OH	Zip Code 43119	11/19/17	Amount 380.00