

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 Dwight E. Garner			Registration Number, if PAC	
Street Address 895 Beech Street	Employer/Occupation/Labor Organization* Not employed, Retired		M D Y 0 9 2 1 1 3	Amount \$125.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathryn F. Green			Registration Number, if PAC	
Street Address 458 E. Whittier Street	Employer/Occupation/Labor Organization* Sales, Oracle		M D Y 0 9 2 1 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor William L. Hegarty			Registration Number, if PAC	
Street Address 948 Franklin Avenue	Employer/Occupation/Labor Organization* Administrator, State of Ohio		M D Y 0 9 2 1 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paula S. Niven			Registration Number, if PAC	
Street Address 119 E. Noble Street, Apt 2	Employer/Occupation/Labor Organization* Not employed, Retired		M D Y 0 9 2 1 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paul R. Schrader			Registration Number, if PAC	
Street Address 594 City Park Avenue	Employer/Occupation/Labor Organization* Mgr, Corp for Nat'l & Comm		M D Y 0 9 2 1 1 3	Amount \$30.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Gunderman			Registration Number, if PAC	
Street Address 1600 Bruck Street	Employer/Occupation/Labor Organization* Not employed, Retired		M D Y 0 9 2 1 1 3	Amount \$25.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cathleen Johnston			Registration Number, if PAC	
Street Address 809 Breech Street	Employer/Occupation/Labor Organization* Program Director, COHHIO		M D Y 0 9 2 1 1 3	Amount \$25.00
City Columbus	State OH	Zip Code 43206	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

\$865.00

Total expenditures this event.

\$0.00

Page Total \$ 405.00