

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge						
Full Name of Contributor Scott Elliot Smith				Registration Number, if PAC		
Street Address 5003 Horizons Drive, Ste. 200		Employer/Occupation/Labor Organization* Attorney, Scott Elliot Smith LPA			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 4	Y 2 5 1 3	Amount \$250.00
Full Name of Contributor UFCW Local 1059				Registration Number, if PAC LA 437		
Street Address 4150 E. Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 4	Y 2 5 1 3	Amount \$250.00
Full Name of Contributor Steven L. Ball				Registration Number, if PAC		
Street Address 1010 Old Henderson Road, Suite 1		Employer/Occupation/Labor Organization* Attorney, Law Office of Steven L. Ball			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 6	Y 0 4 1 3	Amount \$100.00
Full Name of Contributor United Steelworkers District 1 PCE				Registration Number, if PAC		
Street Address 777 Dearborn Park Lane, Suite J		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43085	M 0	D 6	Y 0 4 1 3	Amount \$600.00
Full Name of Contributor Jeffrey M. Lewis				Registration Number, if PAC		
Street Address 4474 Summit Ridge Road		Employer/Occupation/Labor Organization* Attorney, Jeffrey M. Lewis Co., LPA			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	M 0	D 6	Y 0 4 1 3	Amount \$50.00
Full Name of Contributor Jason D. Kester				Registration Number, if PAC		
Street Address 2284 Breeze Hill Drive		Employer/Occupation/Labor Organization* Assistant Prosecuting Attorney, Franklin County			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0 4 1 3	Amount \$50.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* 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)]

Page Total **\$1,300.00**