

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge					
Full Name of Contributor Gary V. Martin			Registration Number, if PAC		
Street Address 255 Trail East		Employer/Occupation/Labor Organization* Associate Director, OAPSE		Form (Cash, Check, etc.) Check	
City Pataskala	State OH	Zip Code 43062	M 1	D 0	Y 2 5 1 3
			Amount \$100.00		
Full Name of Contributor OCEA/AFSCME Local 11			Registration Number, if PAC LA 292		
Street Address 390 Worthington Road, STE. A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	M 1	D 0	Y 2 9 1 3
			Amount \$500.00		
Full Name of Contributor Lenora Giles			Registration Number, if PAC		
Street Address 40778 Boyd Road		Employer/Occupation/Labor Organization* Field Representative, OAPSE		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43968	M 1	D 0	Y 2 8 1 3
			Amount \$100.00		
Full Name of Contributor Jerry W. Gooldin			Registration Number, if PAC		
Street Address 2047 Rolling Meadows Drive		Employer/Occupation/Labor Organization* Nurse Coordinator, Federal Occupational Health		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	M 1	D 0	Y 2 8 1 3
			Amount \$50.00		
Full Name of Contributor Franklin County Democratic Lawyers			Registration Number, if PAC OH1164		
Street Address 1141 S. High Street Suite 1700		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 3 1 1 3
			Amount \$100.00		
Full Name of Contributor Ruth Rankin			Registration Number, if PAC		
Street Address 2432 Wyncourtney Ct		Employer/Occupation/Labor Organization* Teacher, Upper Arlington Schools		Form (Cash, Check, etc.) Cash	
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 3 1 1 3
			Amount \$40.00		
Full Name of Contributor William E. Bishoff			Registration Number, if PAC		
Street Address 2902 Braden Way		Employer/Occupation/Labor Organization* Financial Planner, The Bishoff Financial Group		Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 2 3 1 3
			Amount \$100.00		
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC		
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0 4 1 3
			Amount \$150.00		

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