

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>McKinley for Judge</b>				
Full Name of Contributor <b>Donald Elder</b>			Registration Number, if PAC	
Street Address <b>1288 Easthill Drive</b>	Employer/Occupation/Labor Organization* <b>Not employed, Retired</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$20.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Tim Carty</b>			Registration Number, if PAC	
Street Address <b>1288 Easthill Drive</b>	Employer/Occupation/Labor Organization* <b>CFD, Nat's Fire Incident Reporting System</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$50.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>40137</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Virginia Fahys</b>			Registration Number, if PAC	
Street Address <b>488 E. Beck Street</b>	Employer/Occupation/Labor Organization* <b>Realtor, Self-Employed</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$35.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Kathy Helm</b>			Registration Number, if PAC	
Street Address <b>3864 Revolutionary Drive</b>	Employer/Occupation/Labor Organization* <b>Unemployed, Retired</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$20.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43207</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Lynn Crawford</b>			Registration Number, if PAC	
Street Address <b>995 Franklin Avenue</b>	Employer/Occupation/Labor Organization* <b>Food Svcs, Beulah Park</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$10.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>42305</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Tom Roberts</b>			Registration Number, if PAC	
Street Address <b>233 West Lakeview</b>	Employer/Occupation/Labor Organization* <b>City of Cbus-Best Efforts</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$20.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Debbie Roberts</b>			Registration Number, if PAC	
Street Address <b>233 West Lakeview</b>	Employer/Occupation/Labor Organization* <b>Admin, FranklinBrdElection</b>		M   D   Y <b>0   9   2   1   1   3</b>	Amount <b>\$20.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	Form (Cash, Check, etc.) <b>Cash</b>	

\* 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 \$

**\$175.00**