

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

Prescribed by Secretary of State 03/05

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|---|---|-------------------|------------------------------------|--------------------|
| 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