Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
COMMITTEE FOR MIKE MCKAY Full Name of Contributor					Registration Number, if PAC				
DAVID ROBINSON									
Street Address	Employe	г/Оссира	ation/Labor Organization*					Form (Cash, Check, etc.)	
106 MONTROSE WAY								CHECK	
City	1	ate	Zip Code	M	D	Y		Amount	
COLUMBUS	0	H	43214-4014	0 9			7	100.00	
Full Name of Contributor				Registra	ation Nu	mber, i	f PA	С	
DAVID HODGE Street Address	Envilore	-/0	ation (I also Occasionation *					Form (Cash, Check, etc.)	
	Employer/Occupation/Labor Organization*						CHECK		
8000 WALTON PKWY, SUITE 260	St	ate	Zip Code	М	D	Y	_	Amount	
NEW ALBANY		H H	43054	0 9				100.00	
Full Name of Contributor	10	11	40004		_		_		
Full Name of Contributor Registration Number, if PAC									
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	St	ate	Zip Code	М	D	Y		Amount	
Full Name of Contributor				Registr	ation Nu	mber, i	f PA	С	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	St	ate	Zip Code	M	D	ΙY	-	Amount	
·	İ	1	'		1 1				
Full Name of Contributor				Registr	ation Nu	mber, i	fPA	С	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	Si	ate	Zip Code	М	D	Y	-	Amount	
		l							
Full Name of Contributor Registration Number, if PAC								C	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
Total (Casa, Citer, Co.)									
City	S	ate	Zip Code	М	D	Y	,	Amount	
	Ì		•						
Full Name of Contributor	!	·		Registr	ation Nu	mber, i	f PA	С	
Street Address	Employe	r/Occum	ation/Labor Organization*					Form (Cash, Check, etc.)	
31.00.1.00.00	Employer/Occupation/Labor Organization*							i om (cush, check, cic.)	
City	Si	atc	Zip Code	М	D	Y	,—	Amount	
				1	1			f	
Full Name of Contributor Registration Number, if PA						C			
							Farm (Cash Cl. 1		
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	S	tate	Zip Code	М	D	<u> </u>	′	Amount	
1	1		<u> </u>					1	
agrical for contributions from individuals area \$100 to statewide and							1		

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

Page Total S	<u> </u>	200.00				