

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE FOR MIKE MCKAY									
Full Name of Contributor MARK POTTS							Registration Number, if PAC		
Street Address 330 GUERNSEY				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43204		M 1		D 0	
						Y 1 6 1 5		Amount \$25.00	
Full Name of Contributor COMMITTEE FOR JIM HUGHES							Registration Number, if PAC		
Street Address 52 E. GAY ST.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43215		M 1		D 0	
						Y 1 6 1 5		Amount \$50.00	
Full Name of Contributor KEITH CONROY							Registration Number, if PAC		
Street Address 10181 WATKINS RD.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City MARYSVILLE		State OH		Zip Code 43040		M 1		D 0	
						Y 1 6 1 5		Amount \$50.00	
Full Name of Contributor MONICA SCHANER							Registration Number, if PAC		
Street Address 2330 KUNZ RD.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GALLOWAY RD.		State OH		Zip Code 43119		M 1		D 0	
						Y 1 7 1 5		Amount \$50.00	
Full Name of Contributor DARYL HENNESSY							Registration Number, if PAC		
Street Address 2965 PALMETTO ST.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43204		M 1		D 0	
						Y 1 8 1 5		Amount \$100.00	
Full Name of Contributor WILLIAM DAWSON							Registration Number, if PAC		
Street Address 10037 MORRIS DR.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH		Zip Code 43017		M 1		D 0	
						Y 1 9 1 5		Amount \$100.00	
Full Name of Contributor MIKE MCKAY							Registration Number, if PAC		
Street Address 6336 CLOVER MEADOW CT.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City GALLOWAY		State OH		Zip Code 43119		M 1		D 0	
						Y 3 0 1 5		Amount \$309.91	
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)]