

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge							
Full Name of Contributor John J. Okuley						Registration Number, if PAC	
Street Address 3645 Olentangy Blvd.			Employer/Occupation/Labor Organization* Attorney, Mueller Smith & Okuley LLC			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 0	D 7	Y 0913	Amount \$100.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC						Registration Number, if PAC LA 1269	
Street Address 6805 Oak Creek Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43229	M 0	D 7	Y 1813	Amount \$2,500.00
Full Name of Contributor Martin Connell						Registration Number, if PAC	
Street Address 6119 Ashtree Place			Employer/Occupation/Labor Organization* Global Telecommunications Manager, Momeptive			Form (Cash, Check, etc.) Credit Card	
City Columbus		State OH	Zip Code 43229	M 0	D 8	Y 0613	Amount \$500.00
Full Name of Contributor Ruth A. Farthing						Registration Number, if PAC	
Street Address 602 E. Weisheimer Road			Employer/Occupation/Labor Organization* Nurse, Columbus City Schools			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 0	D 8	Y 1413	Amount \$25.00
Full Name of Contributor Charles A. Roginski						Registration Number, if PAC	
Street Address 6124 Crystal Valley Drive			Employer/Occupation/Labor Organization* Regional Director, OAPSE			Form (Cash, Check, etc.) Check	
City Galena		State OH	Zip Code 43021	M 0	D 8	Y 1513	Amount \$100.00
Full Name of Contributor William A. Taylor						Registration Number, if PAC	
Street Address P.O. Box 738			Employer/Occupation/Labor Organization* Owner, Bill Taylor & Associates LLC			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 0	D 8	Y 1513	Amount \$100.00
Full Name of Contributor William A. Grabel						Registration Number, if PAC	
Street Address 6726 Ardwell Drive			Employer/Occupation/Labor Organization* Not employed, Retired			Form (Cash, Check, etc.) Check	
City Canal Winchester		State OH	Zip Code 43110	M 0	D 8	Y 1513	Amount \$50.00
Full Name of Contributor Mark D. Hatch						Registration Number, if PAC	
Street Address 4189 Rowanne Road			Employer/Occupation/Labor Organization* Consultant, Hatch Strategies LLC			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 0	D 8	Y 1513	Amount \$50.00

* 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)]

Page Total **\$3,425.00**