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

Event Date 4/11/13	
Page 4	

Prescribed by Secretary of State 03/05 Name of Committee in Full McKinley for Judge Registration Number, if PAC Full Name of Contributor Jeffrey D. Mackey Amount Street Address Employer/Occupation/Labor Organization* 0 4 1 3 \$100.00 1 1538 Metrose Avenue Zin Code Form (Cash, Check, etc.) City Stai te 43224 Check OH Columbus Full Name of Contributor Registration Number, if PAC G. Gary Tyack Street Address Employer/Occupation/Labor Organization* Judge, 10th District Court of Appeals \$100.00 0 4 1 | 1 | 1 | 3 381 Loveman Avenue Zip Code Form (Cash, Check, etc.) Sta to City OH 43085 Check Worthington Registration Number, if PAC Full Name of Contributor Judith B. Goldstein Amount Street Address Employer/Occupation/Labor Organization* 0 4 1 1 1 3 \$100.00 910 3rd Street Form (Cash, Check, etc.) Zin Code Sta te City Check 43206 Columbus OH Registration Number, if PAC Full Name of Contributor Catherine Harper-Lee Street Address Employer/Occupation/Labor Organization* \$100.00 4 1 1 3 2441 Shillingham Court Form (Cash, Check, etc.) State Zip Code City Check OH 43065 Powell Registration Number, if PAC Full Name of Contributor Jean M. Williams Amount Street Address Employer/Occupation/Labor Organization* \$50.00 0 4 1 1 1 3 6367 Portsmouth Drive Not employed, Retired Form (Cash, Check, etc.) Stal to Zip Code City Check 43068 OH Reynoldsburg Registration Number, if PAC Full Name of Contributor OH109 Vorys, Sater, Seymour & Pease LLP Amount Street Address Employer/Occupation/Labor Organization* \$500.00 1 1 1 52 E. Gay Street, P.O. Box 1008 Form (Cash, Check, etc.) Zip Code 43215 Check OH Columbus Registration Number, if PAC Full Name of Contributor Gerald J. Babbitt A mount Street Address Employer/Occupation/Labor Organization* \$100.00 503 S. Front Street, Suite 200 0 4 1 1 13 Attorney, Babbitt & Weis Zip Code Form (Cash, Check, etc.) Sta te

OH

43215

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
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City

Columbus

\$0.00

Total expenditures this event.

Check

\$0.00

\$1,050.00 Page Total \$

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)]