

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

Prescribed by Secretary of State 03/05

|  |  |                   |                                      |                    |
|--|--|-------------------|--------------------------------------|--------------------|
| Name of Committee in Full<br>McKinley for Judge            |  |                   |                                      |                    |
| Full Name of Contributor<br>Plymale & Dingus LLC           |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>111 West Rich Street, Suite 600          | Employer/Occupation/Labor Organization*                                |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$100.00 |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43215 | Form (Cash, Check, etc.)<br>Check    |                    |
| Full Name of Contributor<br>Citizens to Elect Mike Schadek |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>1537 Guilford Road                       | Employer/Occupation/Labor Organization*                                |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$100.00 |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43221 | Form (Cash, Check, etc.)<br>Check    |                    |
| Full Name of Contributor<br>Jon S. Shaffer                 |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>1371 Haddon Road                         | Employer/Occupation/Labor Organization*<br>Consultant, Nationwide Ins. |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$100.00 |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43209 | Form (Cash, Check, etc.)<br>Check    |                    |
| Full Name of Contributor<br>Steven M. Shellabarger         |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>845 N High Street, #402                  | Employer/Occupation/Labor Organization*<br>Not employed, Retired       |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$100.00 |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43215 | Form (Cash, Check, etc.)<br>Check    |                    |
| Full Name of Contributor<br>Donna Wilson                   |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>3217 Glenellen Court                     | Employer/Occupation/Labor Organization*<br>Consultant, Wilson Group    |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$100.00 |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43221 | Form (Cash, Check, etc.)<br>Check    |                    |
| Full Name of Contributor<br>Richanne Zymkoski              |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>2128 Poplar Street                       | Employer/Occupation/Labor Organization*<br>Not employed, Retired       |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$100.00 |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43207 | Form (Cash, Check, etc.)<br>Check    |                    |
| Full Name of Contributor<br>Daniel L. DeLuna               |  |                   | Registration Number, if PAC          |                    |
| Street Address<br>5066 Sutherland Drive                    | Employer/Occupation/Labor Organization*<br>Legal Aid, Bowers & Assoc   |                   | M   D   Y  <br>0   8   2   7   1   3 | Amount<br>\$50.00  |
| City<br>Columbus   | State<br>OH  | Zip Code<br>43207 | Form (Cash, Check, etc.)<br>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

\$1,995.00

Total expenditures this event.

\$0.00

Page Total \$ 650.00