Statement of Contributions Received

Page 4

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge				
Full Name of Contributor Diane Mallory			Registration Number, if P.	AC
Street Address 4834 Sarasota Drive		Employer/Occupation/Labor Organization Attorney, Ohio Attorney General		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	M D Y 1 D 8 2 1 1 3	Amount \$200.00
Full Name of Contributor Daniel B. Miller			Registration Number, if P	AC
Street Address 87 E. Torrence Road	Employer/Occu Attorney,	Employer/Occupation/Labor Organization Attorney, Porter Wright Morris & A		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M D Y ₁	Amount \$50.00
Full Name of Contributor Nancy Behling	- 		Registration Number, if P	
Street Address 163 Charleston Avenue	1 ' '	pation/Labor Organization* oyed, Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	0 8 2 1 1 3	Amount \$25.00
Full Name of Contributor Bruce Bagshaw			Registration Number, if P	
Street Address 8414 State Route 124	Employer/Occupation/Labor Organization Owner, Bagshaw Enterprises Inc.			Form (Cash, Check, etc.) Cash
City Hillsboro	State OH	Zip Code 45133	M D Y O 9 D 4 1 3	Amount \$100.00
Full Name of Contributor Vorys Sater Seymour and Pease LLP			Registration Number, if F OH108	
Street Address 52 E. Gay Street, PO Box 1008	Employer/Occu	upation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 0 4 1 3	Amount \$500.00
Full Name of Contributor Veda Rugola Registration No.			Registration Number, if P	
Street Address 4771 Powderhorn Lane		Employer/Occupation/Labor Organization Representative, AFSCME		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	M. D. Y. 0 9 0 5 1 3	Amount \$250.00
Full Name of Contributor Jennifer Dillard			Registration Number, if F	
Street Address 898 Chelsea Avenue		Employer/Occupation/Labor Organization* Executive Director, Franklin Co. De		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43209	0 9 0 9 1 3	Amount \$25.00
Full Name of Contributor Michael Ward			Registration Number, if I	Form (Cash, Check, etc.)
Street Address 441 McCutcheon Road	Employer/Occ Coal Tra	Employer/Occupation/Labor Organization Coal Trader, American Electric Power		
City Gahanna	State OH	Zip Code 43230	0 9 0 9 1 3	Amount \$100.00

Page Total \$1,250.00

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)]