

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge							
Full Name of Contributor Michael Hunter					Registration Number, if PAC		
Street Address 2142 Wesleyan Drive		Employer/Occupation/Labor Organization Atty, Hunter/Carnahan, Shoub			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Robert Kerpsack					Registration Number, if PAC		
Street Address 655 Metro Place South, Suite 255		Employer/Occupation/Labor Organization Atty, Law Office of Kerpsack			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43017	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor COLUMBUS/CENTRAL OHIO BUILDING & CONSTRUCTION TRADES COUNCIL ED FUND					Registration Number, if PAC PCE 6131		
Street Address 555 E. Rich Street, Rm 217		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$150.00	
Full Name of Contributor Charles C. Postlewaite					Registration Number, if PAC		
Street Address 3040 Riverside Drive, Suite 122		Employer/Occupation/Labor Organization Atty, Law Office of Postlewaite			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 1	Amount \$500.00	
Full Name of Contributor Karla Rothan					Registration Number, if PAC		
Street Address 110 West First Avenue		Employer/Occupation/Labor Organization Exec Director, Stonewall Columbus			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43201	M 0	D 8	Y 2	Amount \$50.00	
Full Name of Contributor Jane Leach					Registration Number, if PAC		
Street Address 1236 Kenbrook Hills Drive		Employer/Occupation/Labor Organization Not employed, retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 1	Amount \$250.00	
Full Name of Contributor Aaron Firstenberger					Registration Number, if PAC		
Street Address 3961 Spyglass Drive		Employer/Occupation/Labor Organization Attorney, Strip, Hoppers, Leithart Mcgrath & Terlecky			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$100.00	
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)]