

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

Prescribed by Secretary of State 03/05

| | | | | |
|---|---|-------------------|------------------------------------|-------------------|
| Name of Committee in Full McKinley for Judge | | | | |
| Full Name of Contributor Bill R. Hedrick | | | Registration Number, if PAC | |
| Street Address 535 West First Avenue | Employer/Occupation/Labor Organization* Atty, City of Columbus | | M D Y 0 8 2 7 1 3 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Linda M. Lewis | | | Registration Number, if PAC | |
| Street Address 364 Brevoort Road | Employer/Occupation/Labor Organization* Consultant, Lewis Group | | M D Y 0 8 2 7 1 3 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Jeffrey D. Mackey | | | Registration Number, if PAC | |
| Street Address 1538 Melrose Avenue | Employer/Occupation/Labor Organization* Atty, Law Office of Mackey | | M D Y 0 8 2 7 1 3 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43224 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Ira B. Sully | | | Registration Number, if PAC | |
| Street Address 844 South Front Street | Employer/Occupation/Labor Organization* Atty, Law Office of Scully | | M D Y 0 8 2 7 1 3 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Barbara Rousey | | | Registration Number, if PAC | |
| Street Address 6322 Edgecreek Lane | Employer/Occupation/Labor Organization* Not employed, Retired | | M D Y 0 8 2 7 1 3 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43231 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Joann B. Williams | | | Registration Number, if PAC | |
| Street Address 203 W. Weber Road | Employer/Occupation/Labor Organization* Not employed, Retired | | M D Y 0 8 2 7 1 3 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43202 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Eric Wyne | | | Registration Number, if PAC | |
| Street Address 545 E. Town Street | Employer/Occupation/Labor Organization* Public Performance PTR | | M D Y 0 8 2 7 1 3 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) 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 \$ 275.00