

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McKinley for Judge						
Full Name of Contributor Deborah Cain				Registration Number, if PAC		
Street Address 12896 Sunset Circle NW		Employer/Occupation/Labor Organization* State Board of Education Member District 8, Dept of Education			Form (Cash, Check, etc.) Credit Card	
City Uniontown	State OH	Zip Code 44685	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor Simina Vourlis				Registration Number, if PAC		
Street Address 1689 W. 3rd Avenue		Employer/Occupation/Labor Organization* Attorney, Law Office of Simina Vourlis			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43212	M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor Bob Barnes				Registration Number, if PAC		
Street Address 1147 Hunter Avenue		Employer/Occupation/Labor Organization* Finance, Alliance Data			Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43201	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor Troy Doucet				Registration Number, if PAC		
Street Address 954 Perry Street		Employer/Occupation/Labor Organization* Attorney, Doucet & Associates			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount \$150.00
Full Name of Contributor United Steelworkers District 1				Registration Number, if PAC PCE 6210		
Street Address 777 Dearborn Park Lane, Suite J		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43085	M 0	D 9	Y 1	Amount \$1,000.00
Full Name of Contributor Diane Mallory				Registration Number, if PAC		
Street Address 4834 Sarasota Drive		Employer/Occupation/Labor Organization* Attorney, Ohio Attorney General's Office Criminal Justice			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 9	Y 2	Amount \$400.00
Full Name of Contributor Joyce Bobo				Registration Number, if PAC		
Street Address 5745 Hamill Road		Employer/Occupation/Labor Organization* Secretary, OAPSE			Form (Cash, Check, etc.) Check	
City Albany	State OH	Zip Code 45710	M 0	D 9	Y 2	Amount \$100.00
Full Name of Contributor Carpenter Lipps & Leland LLP				Registration Number, if PAC		
Street Address 280 North High Street, Suite 1300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 3	Amount \$300.00

* 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)]