

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