

# 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 Donald Elder			Registration Number, if PAC	
Street Address 1288 Easthill Drive	Employer/Occupation/Labor Organization* Not employed, Retired		M   D   Y 0   9   2   1   1   3	Amount \$20.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tim Carty			Registration Number, if PAC	
Street Address 1288 Easthill Drive	Employer/Occupation/Labor Organization* CFD, Nat's Fire Incident Reporting System		M   D   Y 0   9   2   1   1   3	Amount \$50.00
City Dublin	State OH	Zip Code 40137	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Virginia Fahys			Registration Number, if PAC	
Street Address 488 E. Beck Street	Employer/Occupation/Labor Organization* Realtor, Self-Employed		M   D   Y 0   9   2   1   1   3	Amount \$35.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kathy Helm			Registration Number, if PAC	
Street Address 3864 Revolutionary Drive	Employer/Occupation/Labor Organization* Unemployed, Retired		M   D   Y 0   9   2   1   1   3	Amount \$20.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Lynn Crawford			Registration Number, if PAC	
Street Address 995 Franklin Avenue	Employer/Occupation/Labor Organization* Food Svcs, Beulah Park		M   D   Y 0   9   2   1   1   3	Amount \$10.00
City Columbus	State OH	Zip Code 42305	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tom Roberts			Registration Number, if PAC	
Street Address 233 West Lakeview	Employer/Occupation/Labor Organization* City of Cbus-Best Efforts		M   D   Y 0   9   2   1   1   3	Amount \$20.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Debbie Roberts			Registration Number, if PAC	
Street Address 233 West Lakeview	Employer/Occupation/Labor Organization* Admin, FranklinBrdElection		M   D   Y 0   9   2   1   1   3	Amount \$20.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash	

\* 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

\$865.00

Total expenditures this event.

\$0.00

Page Total \$ 175.00