

# 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 George M. Albu			Registration Number, if PAC	
Street Address 1889 Lane Road	Employer/Occupation/Labor Organization* Attn, Fed Mediation Svcs		M 0 D 7 Y 3 0 1 3	Amount \$40.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kinsley F. Nyce			Registration Number, if PAC	
Street Address 1601 W. 5th Avenue, #112	Employer/Occupation/Labor Organization* Atty, Nyce Law Office		M 0 D 7 Y 3 0 1 3	Amount \$30.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization* Not Employed		M 0 D 7 Y 3 0 1 3	Amount \$25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen L. Gunderman			Registration Number, if PAC	
Street Address 1600 Bruck Street	Employer/Occupation/Labor Organization* Not Employed		M 0 D 7 Y 3 0 1 3	Amount \$20.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Katie P. Benton			Registration Number, if PAC	
Street Address 2084 Andover Road	Employer/Occupation/Labor Organization* Public Svcs, State of OH		M 0 D 8 Y 1 3 1 3	Amount \$20.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$1,060.00

Total expenditures this event.

\$0.00

Page Total \$

\$135.00