

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
McKinley for Judge							
Full Name of Contributor Jeffrey A. Baker				Registration Number, if PAC			
Street Address 272 Ashbourne Road		Employer/Occupation/Labor Organization* Appraiser, JA Baker LLC		M	D	Y	Amount
				0	8	2713	\$200.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Carole DePaola				Registration Number, if PAC			
Street Address 4944 Buck Thorn Lane		Employer/Occupation/Labor Organization* Not employed, Retired		M	D	Y	Amount
				0	8	2713	\$200.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas A. Tootle				Registration Number, if PAC			
Street Address 85 E Gay Street, Suite 900		Employer/Occupation/Labor Organization* Atty, Tootle Co., LPA		M	D	Y	Amount
				0	8	2713	\$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Friends of Terry J. Brown				Registration Number, if PAC			
Street Address 550 E. Walnut Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2713	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Scot E. Dewhirst				Registration Number, if PAC			
Street Address 404 W 7th Avenue		Employer/Occupation/Labor Organization* Atty, Artz Dewhirst		M	D	Y	Amount
				0	8	2713	\$100.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
Full Name of Contributor Judith B. Goldstein				Registration Number, if PAC			
Street Address 910 S 3rd Street		Employer/Occupation/Labor Organization* Atty, Equal Justice Fndn		M	D	Y	Amount
				0	8	2713	\$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Marc Michalsky				Registration Number, if PAC			
Street Address 176 Webster Park Avenue		Employer/Occupation/Labor Organization* Dr., Nationwide Children's		M	D	Y	Amount
				0	8	2713	\$100.00
City Columbus		State OH	Zip Code 43214	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 \$ \$950.00