

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

Prescribed by Secretary of State 03/05

Name of Committee in Full McIntosh For Judge Committee					
Full Name of Contributor Aletha M. Shipley				Registration Number, if PAC	
Street Address 388 Abbotsbury Dr		Employer/Occupation/Labor Organization*		M 1	D 0
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Alphonse P. Cincione					
Street Address 50 W. Broad St, Ste 2000		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Andrea G. Peeples					
Street Address 5596 Winsor Woods Dr		Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Charles & Barbara Rudolph					
Street Address 112 Lauriston Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Pickerington		State OH	Zip Code 43147	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Collis, Smiles, & Collis, LLC					
Street Address 1650 Lake Shore Dr Ste 225		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43204	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Columbus Sheet Metal Workers					
Street Address 3035 Lamb Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 2	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Committee To Elect W. Carlton Weddington					
Street Address 65 E. State St Ste 200		Employer/Occupation/Labor Organization*		M 1	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$850.00**