

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

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Re-Elect Judge McIntosh						
Full Name of Contributor Jonathan W. Marshall				Registration Number, if PAC		
Street Address 72 E. Oakland Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank A. Roy				Registration Number, if PAC		
Street Address 2747 Edinton Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Paul Giorgianni				Registration Number, if PAC		
Street Address 1538 Arlington Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$200.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor John H. Bates				Registration Number, if PAC		
Street Address 495 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bertha Duran				Registration Number, if PAC		
Street Address 98 Hamilton Park	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) Check			
Full Name of Contributor Cheryl D. Edwards				Registration Number, if PAC		
Street Address 4286 Secludedwood Court	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Julia A. Fox				Registration Number, if PAC		
Street Address 2616 Wexford Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount \$500.00
City Columbus	State OH	Zip Code 43221	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.

\$0.00Page Total \$ **\$1,450.00**