

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 Vickie Bobbitt				Registration Number, if PAC	
Street Address 119 Sourwood Street		Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$50.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Chuck Dawson				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$10.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Darryl C. Pore				Registration Number, if PAC	
Street Address 1912 Bairsford Drive		Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$25.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) Check	
Full Name of Contributor Diann R. Johnson				Registration Number, if PAC	
Street Address 1780 Kaiser Drive		Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$30.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gradella Briton				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$10.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Janelle N. Simmons				Registration Number, if PAC	
Street Address 2686 Bloom Drive		Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$30.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeanne & Larry Griffin				Registration Number, if PAC	
Street Address 181 Meadow Ridge Court		Employer/Occupation/Labor Organization*		M 0 9 0 4 0 6	D Y Amount \$25.00
City Powell		State OH	Zip Code 43065	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 \$ 180.00
