

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 Myron & Karen Terlecky				Registration Number, if PAC	
Street Address 6332 Olsin Court		Employer/Occupation/Labor Organization*		M 1	D 0
City Dublin		State OH	Zip Code 43016	Y 1	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy K. Wonnell					
Street Address 330 S. High St		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Rebecca Gooch, Esq.					
Street Address 4878 Berry Leaf Pl		Employer/Occupation/Labor Organization*		M 1	D 0
City Hilliard		State OH	Zip Code 43206	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard A. Frye					
Street Address 1669 Roxbury Rd		Employer/Occupation/Labor Organization*		M 1	D 0
City Upper Arlington		State OH	Zip Code 43212	Y 1	Amount \$80.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert & Kathy Levering					
Street Address 3333 Parksley Ct		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert D. Head					
Street Address 3280 Riverside Dr Ste 20		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert J. Behal					
Street Address 2531 Brentwood Rd		Employer/Occupation/Labor Organization* Attorney At Law		M 1	D 0
City Bexley		State OH	Zip Code 43209	Y 1	Amount \$200.00
				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 \$ **\$600.00**