

# 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 Albert & Lucille Gabel			Registration Number, if PAC	
Street Address 7190 Coffman Rd	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   6	Amount \$25.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill W. Rodgers			Registration Number, if PAC	
Street Address 237 Irving Way W	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   6	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Burton & Brenda Hancock, Jr.			Registration Number, if PAC	
Street Address 5824 Tarton Circle N	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   5   0   6	Amount \$20.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cathy Royster			Registration Number, if PAC	
Street Address 247 Irving Way W	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   6	Amount \$25.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor David & Jeanine Michael			Registration Number, if PAC	
Street Address 7719 Richens Dr	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   6	Amount \$25.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis & Ruth Ann Shively			Registration Number, if PAC	
Street Address 4793 Belfield Ct	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   6	Amount \$20.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor James W. Downey			Registration Number, if PAC	
Street Address 258 E. Dunedin Rd	Employer/Occupation/Labor Organization*		M   D   Y 1   0   1   6   0   6	Amount \$25.00
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 190.00