

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 Alvin Pelt				Registration Number, if PAC	
Street Address 8043 Storrow Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville		State OH	Zip Code 43081	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor AMR				Registration Number, if PAC	
Street Address 1143 Summer Hill Circle		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$75.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Anthony L. & Yvette McGee Brown				Registration Number, if PAC	
Street Address 643 Crossing Creek S.		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Bailey Cavalieri LLC				Registration Number, if PAC	
Street Address 10 W. Broad St.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Bernard M. Floetker Attorney at Law				Registration Number, if PAC	
Street Address 1295 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher M. Cooper Esq. & Karen Cooper				Registration Number, if PAC	
Street Address 286 Marjoran Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Franklin County AFL CIO PCE				Registration Number, if PAC	
Street Address 1545 Alum Creek Dr. 2nd. Fl.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 2	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.

\$0.00Page Total \$ **\$1,275.00**