

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 John P. Kennedy				Registration Number, if PAC	
Street Address 8249 Timber Mist Court		Employer/Occupation/Labor Organization*		M 1	D 0
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark & Jennifer Gams					
Street Address 6542 Plesenton Dr. S		Employer/Occupation/Labor Organization*		M 1	D 0
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew A. Eldridge					
Street Address 233 S. High St Ste 300		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Johnson					
Street Address N/A		Employer/Occupation/Labor Organization*		M 1	D 0
City N/A		State OH	Zip Code	Y 1	Amount \$30.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Michael C. Allbritain					
Street Address 1866A Northwest Blvd		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Shawn Dingus					
Street Address 213 Powhatan Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle L. Cox					
Street Address 839 Gladden Rd		Employer/Occupation/Labor Organization*		M 1	D 0
City Grandview		State OH	Zip Code 43212	Y 1	Amount \$40.00
				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 \$

\$740.00