

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 Brandy Gates				Registration Number, if PAC	
Street Address 4435 Touchton Rd E, Apt 125		Employer/Occupation/Labor Organization*		M 0	D 5
City Jacksonville		State FL	Zip Code 32246	Y 1	Amount \$70.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michael H. Wander				Registration Number, if PAC	
Street Address 6631 Collingwood Dr		Employer/Occupation/Labor Organization*		M 0	D 5
City Westerville		State OH	Zip Code 43082	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jacqueline L. Keller				Registration Number, if PAC	
Street Address 107 Woods Way		Employer/Occupation/Labor Organization*		M 0	D 5
City Pataskala		State OH	Zip Code 43062	Y 1	Amount \$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jacqueline L. Keller				Registration Number, if PAC	
Street Address 107 Woods way		Employer/Occupation/Labor Organization*		M 0	D 5
City Pataskala		State OH	Zip Code 43062	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Thomas E. Friedman				Registration Number, if PAC	
Street Address 502 S. Third St		Employer/Occupation/Labor Organization* Attorney At Law		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Charles William McGowan				Registration Number, if PAC	
Street Address 601 S. High St		Employer/Occupation/Labor Organization* Attorney At Law		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Deborah Frye				Registration Number, if PAC	
Street Address 1169 Dublin Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$35.00
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 \$ **\$355.00**