

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 Westley M. Phillips				Registration Number, if PAC	
Street Address 1742 Brookfield Sq S		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43229	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Dave W. Coleman				Registration Number, if PAC	
Street Address 1965 Waterbrook Ln		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kristin E. Blevins				Registration Number, if PAC	
Street Address 2996 Granada Hills		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43231	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Joshua T. Cox				Registration Number, if PAC	
Street Address 60 Sheffield Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Timothy J. Mangan				Registration Number, if PAC	
Street Address 873 Falkirk Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Pickerington		State OH	Zip Code 43147	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Tyler Wilcox				Registration Number, if PAC	
Street Address 5745 Tamarack Blvd, Unit C		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43229	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Andrea G. Peeples				Registration Number, if PAC	
Street Address 5596 Winsor Woods Dr		Employer/Occupation/Labor Organization*		M 0	D 5
City Gahanna		State OH	Zip Code 43230	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 \$ \$260.00
