

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 Salvage				Registration Number, if PAC	
Street Address 155 Binns Blvd	Employer/Occupation/Labor Organization*			M 0	D 9
City Columbus	State OH	Zip Code 43204	Y 2	Amount \$35.00	
Full Name of Contributor Sean Becker				Registration Number, if PAC	
Street Address 464 Crestview Rd	Employer/Occupation/Labor Organization*			M 0	D 9
City Columbus	State OH	Zip Code 43202	Y 2	Amount \$40.00	
Full Name of Contributor Jim & Chrissy Murray				Registration Number, if PAC	
Street Address 4266 Bitter Root Drive	Employer/Occupation/Labor Organization*			M 0	D 9
City Westerville	State OH	Zip Code 43081	Y 2	Amount \$60.00	
Full Name of Contributor Tim & Ann Roberson				Registration Number, if PAC	
Street Address 6148 Gioffre Woods Lane	Employer/Occupation/Labor Organization*			M 0	D 9
City Columbus	State OH	Zip Code 43232	Y 2	Amount \$60.00	
Full Name of Contributor Mike & Ruth Joseph				Registration Number, if PAC	
Street Address 4560 Maynard Rd	Employer/Occupation/Labor Organization*			M 0	D 9
City Delaware	State OH	Zip Code 43015	Y 2	Amount \$60.00	
Full Name of Contributor Amy Livingston				Registration Number, if PAC	
Street Address PO Box 3792	Employer/Occupation/Labor Organization*			M 0	D 9
City Dublin	State OH	Zip Code 43016	Y 0	Amount \$15.00	
Full Name of Contributor Bobby & Seshu Singh				Registration Number, if PAC	
Street Address 7042 Cunningham Drive	Employer/Occupation/Labor Organization*			M 1	D 0
City New Albany	State OH	Zip Code 43054	Y 0	Amount \$25.00	

* 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 \$ **\$295.00**