

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 Michael Allbritain				Registration Number, if PAC	
Street Address 1866A Northwest Blvd		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43212	0 8 0 1 0 6	\$75.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michelle Ferrero				Registration Number, if PAC	
Street Address 204 S. Westgate Ave		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43204	0 8 2 5 0 6	\$15.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Rob Levering				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M D Y	Amount
City N/A		State OH	Zip Code	0 8 2 5 0 6	\$15.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Tom Bordenkircher				Registration Number, if PAC	
Street Address tbordenkircher@mcgregor.edu		Employer/Occupation/Labor Organization*		M D Y	Amount
City N/A		State OH	Zip Code	0 8 2 5 0 6	\$60.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		
Form (Cash, Check, etc.)					

* 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

\$3,155.00

Total expenditures this event.

\$0.00

Page Total \$ 165.00