

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge McIntosh					
Full Name of Contributor Nirmal K. Sinha				Registration Number, if PAC	
Street Address 6470 Meadowbrook Circle	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Worthington	State OH	Zip Code 43085	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Johnson				Registration Number, if PAC	
Street Address 99 North Brice Street, Ste. 360	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State OH	Zip Code 43213	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sanjay Sadana				Registration Number, if PAC	
Street Address 8236 Chippenham Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City Dublin	State OH	Zip Code 43016	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gautam Samadder				Registration Number, if PAC	
Street Address 99 North Brice Road, St. 350	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43213	Amount \$251.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
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
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
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,051.00**