

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 Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 6	Amount \$100.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy M. Livingston				Registration Number, if PAC	
Street Address PO Box 3792		Employer/Occupation/Labor Organization*		M D Y 0 8 0 5 0 6	Amount \$100.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrea Peeples				Registration Number, if PAC	
Street Address 5596 Winsor Woods Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 2 6 0 6	Amount \$100.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ann W. Kozliner				Registration Number, if PAC	
Street Address 1217 Neil Ave		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Anne Taylor				Registration Number, if PAC	
Street Address 1375 Camelot Dr		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Benson A. Wolman				Registration Number, if PAC	
Street Address 315 Eastmoor Blvd		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill Hawkins				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	

* 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 \$ 625.00