

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 Rev. Howard T. Washington				Registration Number, if PAC	
Street Address 371 Grand Circuit Blvd		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$75.00
City Delaware		State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carla L. Bailey				Registration Number, if PAC	
Street Address 351 Chilton Place		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$75.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Sanders				Registration Number, if PAC	
Street Address 641 Indian Mound Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$75.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard A. Frye				Registration Number, if PAC	
Street Address 1669 Roxbury Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$300.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor John B. Williams				Registration Number, if PAC	
Street Address 2393 Village at Bexley Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dino M. Herbert				Registration Number, if PAC	
Street Address 5764 Clearfield Lane		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$75.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy V. Polite				Registration Number, if PAC	
Street Address 984 Poppy Hills Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 1 1 0 6	Amount \$100.00
City Blacklick		State OH	Zip Code 43004	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 \$ **\$750.00**