

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 Nancy Barrett King			Registration Number, if PAC	
Street Address 1954 N. Devon Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 5 0 6	Amount \$30.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy Crespo			Registration Number, if PAC	
Street Address 3042 Whitlaw Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$15.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Natalia Harris			Registration Number, if PAC	
Street Address N/A	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$15.00
City N/A	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Randolph Roth & Allison Sweeney			Registration Number, if PAC	
Street Address 6987 Grandee Cliffs	Employer/Occupation/Labor Organization*		M D Y 0 9 2 6 0 6	Amount \$25.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ray Tillery			Registration Number, if PAC	
Street Address N/A	Employer/Occupation/Labor Organization*		M D Y 0 9 0 8 0 6	Amount \$15.00
City N/A	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Sheryl Williams			Registration Number, if PAC	
Street Address 658 Bugle Ct	Employer/Occupation/Labor Organization*		M D Y 0 7 0 5 0 6	Amount \$25.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dr. Williams J. & Ruth Meyers			Registration Number, if PAC	
Street Address 2829 Wickliffe Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$30.00
City Columbus	State OH	Zip Code 43221	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

\$9,440.00

Total expenditures this event.

\$0.00

Page Total \$ **\$155.00**