

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

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Re-Elect Judge McIntosh					
Full Name of Contributor Joseph L. Mas				Registration Number, if PAC	
Street Address 330 S. High Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick D. Benton				Registration Number, if PAC	
Street Address 786 S. Front St., Suite 204		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dustin M. Blake				Registration Number, if PAC	
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Gray Palmer				Registration Number, if PAC	
Street Address 185 Rustic Pl.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$250.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary S. Duffey				Registration Number, if PAC	
Street Address 4740 Hayden Run Road		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$200.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joel R. Campbell				Registration Number, if PAC	
Street Address 575 S. Third Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Terry K. Sherman				Registration Number, if PAC	
Street Address 175 S. Merkle Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 1 2	Amount \$250.00
City Columbus		State OH	Zip Code 43209	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 \$ **\$1,150.00**